

L 110000130354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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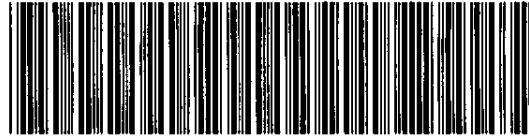
(Business Entity Name)

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TALLAHASSEE, FLORIDA  
15 FEB -9 AM 11:29

FEB 10 2015

T. CARTER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Miami Center for Clinical Research, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Raquelis Cervantes  
(Contact Person)

Miami Center for Clinical Research, LLC  
(Firm/Company)

8660 W. Flagler ST Ste 103  
(Address)

Miami, FL 33144  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raquelis Cervantes at ( 706 ) 558 7923  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2015

RAUDELIS CERVANTES  
MIAMI CENTER FOR CLINICAL RESEARCH LLC  
8660 W. FLAGLER ST., STE 133  
MIAMI, FL 33144 US

SUBJECT: MIAMI CENTER FOR CLINICAL RESEARCH, LLC  
Ref. Number: L11000130354

We have received your document for MIAMI CENTER FOR CLINICAL RESEARCH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 515A00000709

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TALLAHASSEE, FLORIDA



FILED  
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TALLAHASSEE, FLORIDA

15 FEB -9 AM 11:29

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Miami Center for clinical research, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L11000130354

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01-05-2015

4. I, Yanet Lopez, hereby withdraw/resign as a  
(Print Name of Person Resigning)

president  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)