

L12000074547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 31 AM 8:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Objective Medical Treatment PLLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Eric M Williams

(Contact Person)

Objective Medical Treatment PLLC

(Firm/Company)

7019 Cardinal Wood Lane

(Address)

Land O Lakes, FL 34637

(City/State and Zip Code)

For further information concerning this matter, please call:

Eric M Williams at (727) 667-5166
(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

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DIVISION OF CORPORATIONS
12 AUG 31 AM 8:58



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

FILED
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DIVISION OF CORPORATIONS
AUG 31 AM 8:58

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Objective Medical Treatment PLLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L12000074547

4. I, Eric M Williams, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

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

Signature of Resigning Member, Managing Member or Manager

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