

L12000080194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 JAN - 7 PM 2:51

JAN 12 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACHILLES FOOT AND ANKLE, LLC (FL. DOM.)
Name of Limited Liability Company

DOCUMENT NUMBER: L12000080194

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA ALFIERI

Name of Person

NRAI SERVICES, INC.

Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA ALFIERI

Name of Person

at (212)

Area Code

894-8516

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NRAI Services, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for ACHILLES FOOT AND ANKLE, LLC (FL. DOM.)

Name of Limited Liability Company

L12000080194

Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN -7 PM 2:51

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

NRAI Services, Inc.

By: _____

Signature of Resigning Agent

If signing on behalf of an entity:

NRAI SERVICES INC. - Theresa Alfieri

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

| | |
|----------|---|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (12/13)



January 2, 2015

| | |
|--|-------------------|
| RE: CHILLES FOOT AND ANKLE, LLC | (FL. DOM.) |
| BLC MANAGEMENT LLC | (TN. DOM.) |
| DDH LAND HOLDINGS, LLC | (FL. DOM.) |
| HOMETOWN PROPERTY SOLUTIONS LLC | (FL. DOM.) |
| INTEGRITY FUNDING, LLC | (AZ. DOM.) |
| REMAX PREMIER MIRAMAR LLC | (FL. DOM.) |

*Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301*

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporation. Also enclosed is 1 check in the amount of \$150.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

*Theresa Alfieri
Senior Supervisor &
Assistant Secretary
(212)894-8516*

*TA/hm
Enclosure*

National Registered Agents, Inc.

111 Eighth Avenue 13th Floor New York, NY 10011