

L12000157248

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT

OCT 24 2016



Pamela T. Karlson, B.C.S.
Board Certified Real Estate Lawyer

Joy Bogaert, Esq.

October 19, 2016

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Branier Orthopedic Molded Shoes, Inserts & Braces, LLC
Florida Document Number L12000157248
Our File No. 419-12

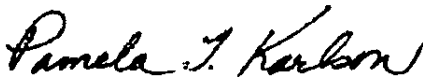
Dear Sir or Madam:

Enclosed please find a completed Cover Letter and my signed Resignation of Registered Agent for a LLC to be filed in your office. A copy of this Resignation has been forwarded to the above-referenced LLC via email and regular U.S. Mail.

Also enclosed is our check in the amount of \$85.00 made payable to the Florida Department of State.

If you have any questions, or desire additional information, please do not hesitate to contact us.

Sincerely,



Pamela T. Karlson, J.D., B.C.S.

PTK/drm

Enclosures as stated

cc: Branier Orthopedic Molded Shoes, Inserts & Braces, LLC

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRANIER ORTHOPEDIC MOLDED SHOES, INSERTS & BRACES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000157248

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:

PAMELA T. KARLSON

Name of Person

KARLSON LAW GROUP, P.A.

Name of Firm/Company

301 DAL HALL BOULEVARD

Address

LAKE PLACID, FL 33852

City/State and Zip Code

INFO@KARLSONLAW.COM

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

For further information concerning this matter, please call:

DAVID R. MAINS

Name of Person

at (

863

Area Code

465-5033

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:

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

STREET ADDRESS:

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

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TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

KARLSON LAW GROUP, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for BRANIER ORTHOPEDIC MOLDED SHOES,

INSERTS & BRACES, LLC

Name of Limited Liability Company

L12000157248

Document Number, if known

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.


Signature of Resigning Agent

If signing on behalf of an entity:

PAMELA T. KARLSON

Typed or Printed Name

PRESIDENT

Capacity

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TALLAHASSEE, FLORIDA

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