

L13000016344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

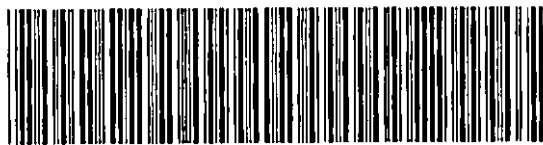
(Document Number)

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Certificates of Status \_\_\_\_\_

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S TALLENT

MAR 25 2020

2020 MAR 23 AM 9:16

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m/w



2020 MAR 23 PM 12:53

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2020

ELIE MADEUS  
J&J PATIENT CHOICE LLC  
7150 HYATT AVE  
LANTANA, FL 33462

SUBJECT: J&J PATIENT CHOICE LLC  
Ref. Number: L13000016344

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA 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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 220A00004129

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J&J Patient Choice 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:

Elie Madeus  
(Contact Person)

7150 HYATT AVE  
(Firm/Company)  
(Address)

Lantana FL 33462  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elie Madeus at (561) 596-6536  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: J & J Patient Choice LLC

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

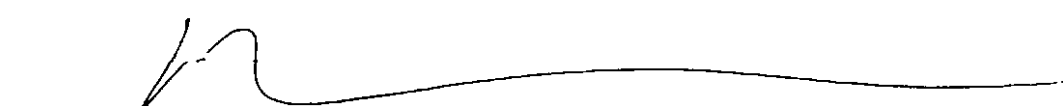
L13000016344

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/20/20

4. I, Nadege St-Juste MADEU, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Nadege St-Juste MADEU (MGRM)  
(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)