L13000037635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gilligan AUG 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Medical Weight Loss, LLC
(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:

Robert Rappel, D.O., J.D.
(Contact Person)

Rappel Health Law Group, P.L
(Firm/Company)

1515 Indian River Blvd. Ste A210
(Address)

Vero Beach, FL 32960
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel, D.O., J.D. at (772) 778-8885
(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

CR2E079 (5/06)

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Advanced Medical Weight Loss, LLC.

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

3. The Florida document/registration number of this limited liability company is:
L13000037635.

4. I, Simpson Chiropractic & Pain & Wellness Center, hereby resign as a Manager
(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.

Mark Simpson Chiropractic Advanced Chiropractic and Medical
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)