

L13000055237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2014

RENALDO BARRETT
129 NW 13 STREET, SUITE 30
BOCA RATON, FL 33432

SUBJECT: ULTIMATE ANGELS PHYSICAL THERAPY, LLC.
Ref. Number: L13000055237

We have received your document for ULTIMATE ANGELS PHYSICAL THERAPY, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 114A00004377

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resignation of MGR
(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:

Renaldo Barrett
(Contact Person)

Ultimate Angels Physical Therapy
(Firm/Company)

129 NW 13th Street Suite 30
(Address)

Boca Raton, FL 334132
(City/State and Zip Code)

For further information concerning this matter, please call:

Renaldo Barrett at 954 501-1947
(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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: Ultimate Angels Physical Therapy

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

L130005237

3. The date this member withdrew or will withdraw is: 3/17/14

4. I, Ronaldo Barnett, hereby resign as a MGR
(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]
Signature of Resigning or Dissociating Manager, Member

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

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FLORIDA