

L13000069509

(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

SEP 23 2015

N. CAUSSEAU

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Triad Healthcare Credentialing, LLC
(Name of Corporation)

DOCUMENT NUMBER: L13000069509

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Hollender

(Name of Person)

Triad Healthcare Credentialing, LLC

(Name of Firm/Company)

5722 S Flamingo Rd Suite 369

(Address)

Cooper City, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Hollender

(Name of Person)

at (**954**) **292-7406**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2015

JEFF HOLLENDER
TRIAD CREDENTIALING SOLUTIONS, LLC
5722 S. FLAMINGO ROAD, SUITE 369
COOPER CITY, FL 33330

SUBJECT: TRIAD HEALTHCARE CREDENTIALING, LLC
Ref. Number: L13000069509

We have received your document for TRIAD HEALTHCARE CREDENTIALING, 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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 915A00019325

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jeff Hollender, hereby resigns as
Name of Registered Agent

Registered Agent for Triad Healthcare, Credentialing
LLC
Name of Limited Liability Company

L13000069509
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Jeff Hollender
Typed or Printed Name
Registered Agent
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

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