

L13 000077157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

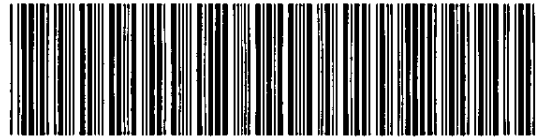
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
14 JAN -8 AM 9:01  
DIVISION OF CORP. REGISTRATION

APPROVED  
AND  
FILED  
14 JAN -8 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TURNING POINT RECOVERY CENTER OF SOUTH FLORIDA , 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:

**Christopher R. Keyes**

(Contact Person)

Turning Point Recovery Center of South Florida, LLC

(Firm/Company)

**10548 US Highway One**

(Address)

**Port St. Lucie, FL 34952**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Christopher R. Keyes** at ( **508** ) **888.3400**

(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



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: Turning Point Recovery Center of South Florida, LLC

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

L13-77157

3. The date this member withdrew or will withdraw is: January 7, 2014

4. I, Christopher R. Keyes, hereby resign as a Co-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.

Christopher Reynolds Keyes  
Signature of Resigning or Dissociating Manager/Member

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

APPROVED  
AND  
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TALLAHASSEE, FLORIDA