

L13000115339

(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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Office Use Only



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04/23/14--01002--004 **25.00

LC
Ros mbr/mgr

APR 24 2014

R. WHITE

APR 24 2014

13 APR 22 2014
SUFFICIENT OF FILING

14 APR 22 2014

14 APR 22 AM 9:05
TALLAHASSEE, FLORIDA

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

All Points Medical Transportation, L.L.C

Signature _____

Requested by: SETH

04/22/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
14 APR 22 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: ALL POINTS MEDICAL TRANSPORTATION, L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:
L13000115339

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 14, 2014

4. I, William T. Beach, Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

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
William T. Beach, Jr.

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