

L14000040453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

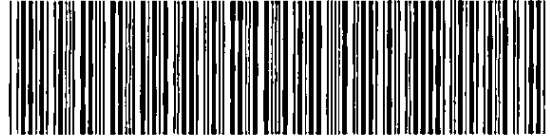
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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2024 JAN - 8 PM 9:21

FILED

A. PARISHANI

FEB - 4 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrative Medical Centers LLC
(Name of Limited Liability Company)

2024 JAN - 8 PM 9:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Paul Rakitin

(Contact Person)

Integrative Medical Centers LLC

(Firm/Company)

9491 Richmond Circle

(Address)

Boca Raton, Florida 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Rakitin

561

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

702-6368

~~702-6368~~

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JAN -8 PM 9:21

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**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: Integrative Medical Centers LLC

2. The Florida document/registration number assigned to this limited liability company is:
114000040453

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2023

4. I, Linda Kee, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Linda Kee
Signature of Dissociating Member or Resigning Manager

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