

L14000081100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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L14-81100

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15 SEP 08 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2015

N. CAUSSEAU

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Triad Credentialing Solutions
(Name of Corporation)

DOCUMENT NUMBER: L14000081100

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 Credentialing Solutions, 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 CREDENTIALING SOLUTIONS, LLC
Ref. Number: L14000081100

We have received your document for TRIAD CREDENTIALING SOLUTIONS, 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: 215A00019327



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: Triad Credentialing Solutions, LLC

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

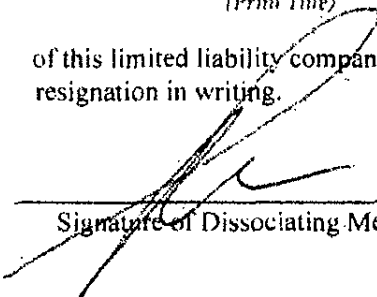
L14000081100

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/1/15

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

CEO
(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

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

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15 SEP 08 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA