

L14000164418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

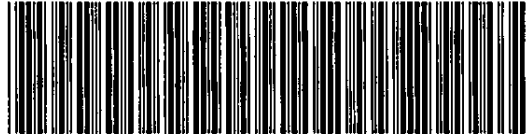
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100270514231

03/12/15--01011--005 \*\*25.00

FILED

15 MAR 12 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARM  
3-13-15

march. 6. 2015

Dear Sir,

I was Never a MGR of PAIN FREE, LLC and  
Object to my name as a MGR of this LLC.  
Enclosed Please find a Resignation as MGR of  
PAIN FREE, LLC and filing fee. Please do not allow  
any further filings in my name on this LLC  
As they are unauthorized and with out my Consent.

Sincerely

Dr. Jacob Leibovici

CC: Theodore T. Tarone  
345 murray road  
West Palm Beach, FL  
33405



FILED  
15 MAR 12 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAIN FREE, 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:

Jacob Leibovici  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

9146 Delemar Court  
(Address)

Wellington Florida 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacob Leibovici at (561) 306-3434  
(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

FILED  
15 MAR 12 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
15 MAR 12 AM 10:28  
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: PAIN FREE, LLC

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

L14000164418

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/22/2014

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

MGR  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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