

L14 000178045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

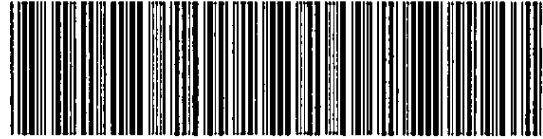
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700379113397

01/13/22--01:00:11--175 \*425,117

RECEIVED

JAN 18 2022

FILED

2022 JAN 18 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
FEB 01 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POWERFULU HEALTHCARE SERVICES, 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:

Fernand Valery Adrien

(Contact Person)

POWERFULU HEALTHCARE SERVICES, LLC

(Firm/Company)

3601 W. COMMERCIAL BOULEVARD SUITE 14

(Address)

FORT LAUDERDALE, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Fernand Valery Adrien

(Name of Contact Person)

at ( 305 ) 890 5381  
(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

**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



FILED

2022 JAN 18 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE, FL  
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: POWERFULU HEALTHCARE SERVICES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.14000178045

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/15/2021

4. I, Fernand Valery Adrien, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Vice President

*(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)