

45000065084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

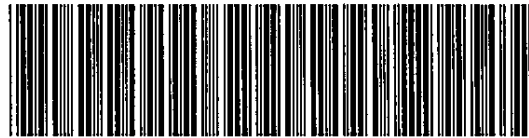
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500293715025

01/18/17--01003--028 **25.00

FILED
17 JAN 17 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOE GANDOLFO PHD & ASSOCIATES, 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:

CAROL GANDOLFO

(Contact Person)

JOE GANDOLFO PHD & ASSOCIATES, LLC

(Firm/Company)

5304 WOODHAVEN LANE

(Address)

LAKELAND, FL 33813

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL GANDOLFO

(Name of Contact Person)

at (863) 646-1536

(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

CR2E079 (2/14)

D. SCOTT
JAN 18 2017

FILED
17 JAN 17 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: JOE GANDOLFO, PHD. & ASSOCIATES, LLC

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

L15000065084

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-31-2016

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

MANAGER
(Print Title)

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

Carol Gandolfo
Signature of Dissociating Member or Resigning Manager

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

20 FILED
17 JAN 17 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA