

L15000077964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

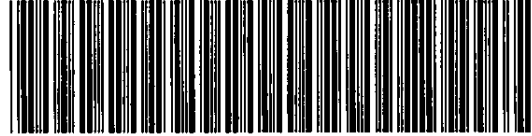
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200289096282

08/16/16--01006--010 **25.00

10 SEP -1 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 07 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Doc Serv, 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:

Bonnie Cohen
(Contact Person)

West Doc Serv, LLC
(Firm/Company)

347 N New River Dr. E APT. 504
(Address)

FT. Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Cohen at (954) 712-1030
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

BONNIE COHEN
347 N NEW RIVER DR E APT 504
FT LAUDERDALE, FL 33301

SUBJECT: WEST DOC SERV, LLC
Ref. Number: L15000077966

2016 SEP - 1 AM 11:13
TALLAHASSEE, FLORIDA

We have received your document for WEST DOC SERV, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 116A00017464

2016 SEP - 1 PM 2:18
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: West Doc Serv, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000077966

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 18, 2016

4. I, Brandy Varone, 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.

Brandy Varone
Signature of Dissociating Member or Resigning Manager

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

16 SEP -1 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED