

L15000205573

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FL

JUL 29 2021

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEHZADI AND OSBORNE, PLLC  
\_\_\_\_\_  
(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:

Joel Osborne  
\_\_\_\_\_  
(Contact Person)

BEHZADI AND OSBORNE, PLLC  
\_\_\_\_\_  
(Firm/Company)

329 NW 48th Blvd.  
\_\_\_\_\_  
(Address)

Gainesville, Florida 32607  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Osborne at (407) 413-4105  
\_\_\_\_\_  
(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

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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TALLAHASSEE, FL

**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: BEHZADI AND OSBORNE, PLLC
2. The Florida document/registration number assigned to this limited liability company is:  
1.15000205573
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/17/2021
4. I, Albert Maradona Behzadi, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Authorized Member; Partner; 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)