

116 0000 16696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

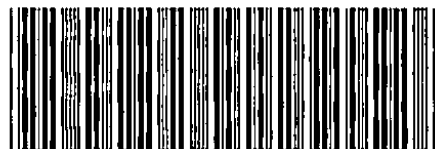
(Business Entity Name)

(Document Number)

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

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SULKER

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantis Program Manager of Southeast 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:

Jason Wilson

(Contact Person)

Access Diagnostic Institute, LLC

(Firm/Company)

2113 Ruby Red Blvd., Suite A

(Address)

Clermont, FL 34714

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Wilson

(Name of Contact Person)

at ( 352 ) 324 6279

(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

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FI  
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 De  
of State is: Atlantis Program Manager of Southeast LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000016696

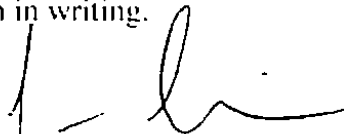
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/15/19

4. I, Jason Wilson, 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  
resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

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