## L16000 a 33287

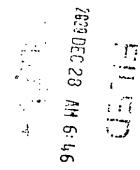
(Doguestian Mossa)
(Requestor's Name)
(A.L.,)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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558 0 9 2021 S. YOUNG

## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	Floridas Best Hearing LLC (Name of	Limited Liability Con	mpany)
The enclosed	d member, resignation or diss	ociation and fee(s	s) are submitted for filing.
Please return	all correspondence concerni	ng this matter to:	
Stephen Reinsh	nuttle		
	(Contact Person)		_
Floridas Best h	earingLLC		
<del></del>	(Firm/Company)		_
4119 Sun N lak	e .		
	(Address)		_
Sebring Fl.			
<del></del>	(City/State and Zip Code)		_
For further in	nformation concerning this m	atter, please call:	
Stephen Reinsh	nuttle	5129700384 at (	<b>4</b> )
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plea	ase find a check made payabl	e to the Florida I	Department of State for:
□ \$25 Filing	• -		Fee & Certified Copy
Mailin	g Address:		Street Address:
Regis	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Lallar	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



## 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 a	ppears on the records o	of the Florida Department		
of State is: Florid	a's Best hearing LLC		· · ·		
2. The Florida docu L16000233287	ment/registration number assign	ned to this limited liabi	lity company is:		
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/res	ign is:		
4. I, Steven Burns (Print N	, hereby withdraw/resign as a rint Name of Person Resigning)				
Manager					
	Print Title)				
of this limited lial resignation in wr	pility company and affirm the lin	nited liability company	y has been notified of my		
Ste	in Pours		2629 DEC 28		
Signature of Di	ssociating Member or Resigning	, Manager	DEC 28		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AM 6: 40		