

L170000023919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

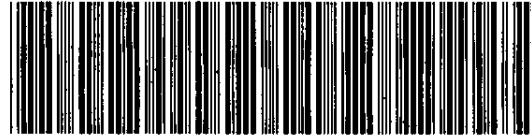
(Business Entity Name)

(Document Number)

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

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18 MAR 21 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

○ SIMMONS  
MAR 22 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Winter Haven Acupuncture 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:

Anne Dazet

(Contact Person)

Winter Haven Acupuncture

(Firm/Company)

539 E Central Ave

(Address)

Winter Haven FL 33880

(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Dazet

(Name of Contact Person)

at ( 863 ) 6516638  
(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 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: Winter Haven Acupuncture LLC

2. The Florida document/registration number assigned to this limited liability company is L17000003919

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dec 30 2017

4. I, Marcie Drake Borden, 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.

Marcie Drake Borden

Signature of Dissociating Member or Resigning Manager

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