

L17000014675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

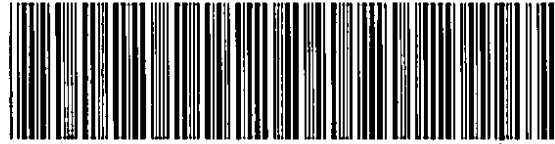
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/15/17--01004--018 **25.00

17 OCT-26 PM 4:02
DIVISION OF REVENUE

FILED

OCT 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2017

PAUL HERMAN
4801 LINTON BLVD
STE 11A-560
DELRAY BCH, FL 33445

SUBJECT: PATIENT'S ADVOCATE NETWORK LLC
Ref. Number: L17000014675

We have received your document for PATIENT'S ADVOCATE NETWORK 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):

The person resigning and the person signing the resignation document must be the same.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 817A00021033

2017 OCT 26 PM 12:32

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATIENT'S ADVOCATE NETWORK 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:

PAUL A. HERMAN, ESQ.

(Contact Person)

CONSUMER ADVOCACY LAW GROUP, PLLC

(Firm/Company)

4801 LINTON BLVD. STE 11A-560

(Address)

DELRAY BEACH, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL A. HERMAN

(Name of Contact Person)

at (561) 236-8851

(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)

FILED
17 OCT 16 PM 4:02
DIVISION

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PATIENT'S ADVOCATE NETWORK LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000014675

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/04/2017

4. I, MICHAEL A. SURO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(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)