

**LI7000049710**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

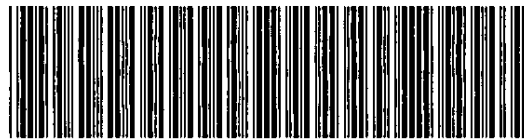
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**800299971218**

06/15/17--01015--023 \*\*25.00

FILED  
17 JUN 15 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. WARREN**

**JUN 16 2017**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J. BRENT SCOTT DMD, 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:

JOHN B. SCOTT

(Contact Person)

J. BRENT SCOTT DMD, LLC

(Firm/Company)

3579 South Federal Hwy.

(Address)

Boynton Beach, FL 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

John B. Scott

(Name of Contact Person)

at ( 954 ) 822-6766

(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



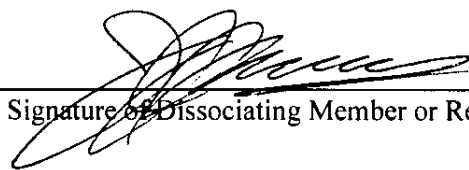
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: J. BRENT SCOTT DMD, LLC
2. The Florida document/registration number assigned to this limited liability company is: L17000049710
3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY, 5, 2017
4. I, JAY FRANCIS, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

FILED  
17 JUN 15 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA