

L17000226352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

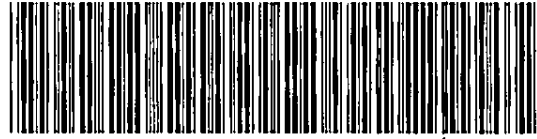
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
PALM BEACH, FLORIDA

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September 29, 2017

Division Of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

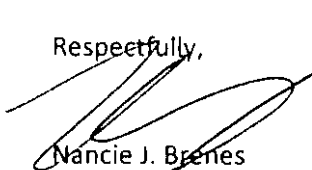
RE: Kennedy Pain Clinic Group LLC  
FEIN: 27-2317819  
Email: Drnanciebrenes@aol.com

Dear Sir/Ms:

I, Nancie J. Brenes former owner of Kennedy Pain Clinic Group, LLC., Registration Number: L10000038767 acknowledge that I will not revoke the Dissolution filed by the State of Florida on this Limited Liability Company.

I have made application and will be filing for a New Limited Liability Company and request the use of the name Kennedy Pain Clinic Group, LLC. to be used as my new Limited Liability Company name.

Respectfully,

  
Nancie J. Brenes  
MGRM

Cc: File Copy  
Encl: Articles/LLC.

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: KENNEDY PAIN CLINIC GROUP LLC**  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCIE J. BRENES  
\_\_\_\_\_  
Name of Person

KENNEDY PAIN CLINIC GROUP LLC  
\_\_\_\_\_  
Firm/Company

5919 28TH AVE DR EAST  
\_\_\_\_\_  
Address

BRADENTON, FLORIDA 34208  
\_\_\_\_\_  
City/State and Zip Code

DRNANCIEBRENES@AOL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCIE J. BRENES                      941                      713-3397  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENNEDY PAIN CLINIC GROUP LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5255 OFFICE PARK BLVD UNIT 107

BRADENTON, FLORIDA 34203

5919 28TH AVE DR EAST

BRADENTON, FLORIDA 34208

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NANCIE J. BRENES

Name

5919 28TH AVE DR EAST

Florida street address (P.O. Box **NOT** acceptable)

BRADENTON

FLORIDA

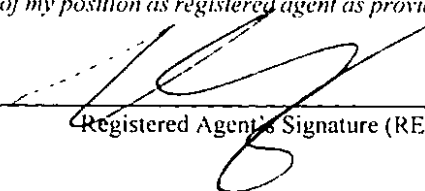
34208

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

**Name and Address:**

NANCIE J. BRENES

5919 28TH AVE DR EAST

BRADENTON, FLORIDA 34208

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: SEPTEMBER 29, 2017 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.  
ANY AND ALL LAWFULL BUSINESS

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NANCIE J. BRENES

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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