

L17000249462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

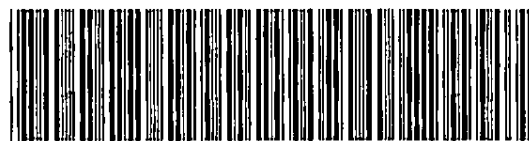
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600308408256

01/31/18--01013--024 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 31 PM 4:38

K. SALY

FEB 2 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bloom Chiropractic, 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:

Audrey Gil de Rubio
(Contact Person)

Bloom Chiropractic, LLC
(Firm/Company)

6634 Merryvale Ln.
(Address)

Port Orange FL 32128
(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Gil de Rubio at (787) 587-5267
(Name of Contact Person) (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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 31 PM 4:38

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: Bloom Chiropractic, LLC

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

L 17 000 249 462

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/29/18

4. I. Victor L. Robles, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member (AMBR)
(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)