

L18000051115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

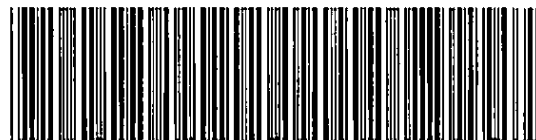
(Business Entity Name)

(Document Number)

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

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ALBRIGHTON

Resignation

FEB 18 2019  
ALBRIGHTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CREATIVE ORTHOTICS, 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:

WILLIAM NOVACK

(Contact Person)

CREATIVE ORTHOTICS, LLC

(Firm/Company)

7031 GRAND NATIONAL DRIVE STE 100A

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM NOVACK

at (407) 367-9149

(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2019 FEB 13 PM 1:43  
SELF  
CALL 813-224-1137

**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: CREATIVE ORTHOTICS, LLC

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

824606372 L18000051115

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/11/2019

4. I, DARYL NOVACK, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGING MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Daryl Novack  
Signature of Dissociating Member or Resigning Manager

2-11-2019

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)