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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

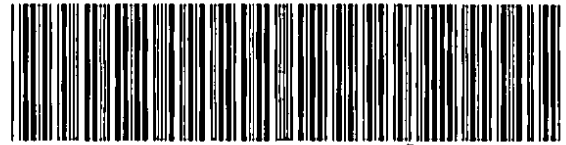
(Business Entity Name)

(Document Number)

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SECRET  
TALLAHASSEE, FLORIDA

JAN 24 2019

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERSONALIZED PRACTICE MGMT SOLUTIONS  
(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:

Brenda Waters  
(Contact Person)

Personalized Practice Mgmt Solutions  
(Firm Company)

P.O. Box 510924  
(Address)

Punta Gorda FL 33951-0924  
(City State and Zip Code)

For further information concerning this matter, please call:

Brenda Waters at ( 941 ) 666-0880  
(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

**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: Personalized Practice Management Solutions
2. The Florida document/registration number assigned to this limited liability company is: L18000107835
3. The date this member/manager withdrew resigned or will withdraw/resign is: 1/11/19
4. I, Brenda Waters, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Owner/Manager  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

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19 JAN 14 PM 4:11  
TALLAHASSEE, FLORIDA