

L18000139515

(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



200352850462

10/14/20--01013--023 \*\*25.00

RECEIVED

OCT 13 2020

FILED  
2020 OCT 13 PM 4:26  
CLERK OF COURT  
JULIA COOPER  
COURT CLERK

NOV 18 2020

S. YOUNG

## COVER LETTER

TO: - Registration Section  
Division of Corporations

SUBJECT: ORTHO ADAPTIVE INDUSTRIES, 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:

JUSTIN ADAIR  
(Contact Person)

ORTHO ADAPTIVE INDUSTRIES, LLC  
(Firm/Company)

8370 W. HILLSBOROUGH AVE SUITE # 102  
(Address)

TAMPA, FL 33615  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUSTIN ADAIR at ( 813 ) 955-3901  
(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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: ORTHO ADAPTIVE INDUSTRIES, LLC

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

L 18000139515

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-18-2020

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

CO-OWNER  
(Print Title)

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

Jennifer Wilson  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2020 OCT 13 PM 4:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA