

**L1800184323**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

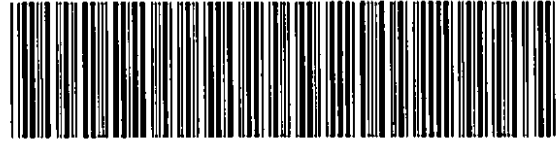
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**200317287752**

08/20/18--01024--010 \*\*25.00

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18 AUG 26 AM 8:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Preferred Therapy Partners, 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:

Cecilia Sanchez

(Contact Person)

Preferred Therapy Partners

(Firm/Company)

4859 NW 22nd St.

(Address)

Coconut Creek, FL 33063

(City/State and Zip Code)

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18 AUG 28 AM 8:32  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cecilia Sanchez

at ( 954 ) 952-2228

(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)

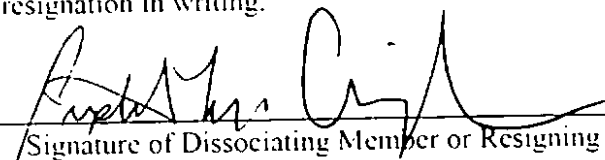
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Preferred Therapy Partners, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000184323

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/7/2018

4. I, Crystal Cunningham, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
CEO  
*(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)

18 AUG 20 AM 8: 32  
DIVISION OF STATE  
REGISTRATION  
FLORIDA

FILED