

LIE000 249882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

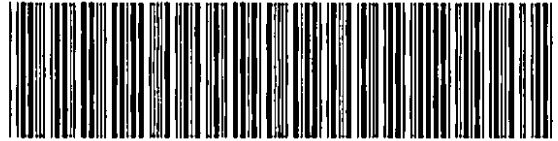
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/30/18--01023--022 **55.00

2018 DEC 20 A 2:34
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TALLAHASSEE, FLORIDA

D. SCOTT

JAN 9 2019

LUCIA TREVIÑO-LANE
Attorney-At-Law*
2500 LITTLE COVE ROAD
CHARLOTTE, NC 28270
Phone: (704) 814-0377 • Fax: (704) 814-0378
Email: lucia@oltlane.com
*Licensed to practice in SC & GA

18 December 2018

Via Priority Mail

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**Re: Dissociation or Resignation of Member, Manager From Florida Limited
Liability Company
Name: Regency Carriage Medical Transport, LLC, L18000248882**

Dear Madam or Sir:

Enclosed please find the Cover Letter and Form CR2E079 requesting removal of Mr. Rhoitashwa Bhadani from the above referenced company. Please also find a check in the amount of \$55.00 for the Filing Fee and a Certified Copy.

We respectfully request you remove Mr. Bhadani from the LLC and provide us with a Certified Copy. Should you have any questions or if you require any further information, please do not hesitate to contact the undersigned.

Sincerely,



Lucia Treviño-Lane

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CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regency Carriage Medical Transport, 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:

Lucia Trevino-Lane

(Contact Person)

Lucia Trevino-Lane, Attorney-At-Law

(Firm/Company)

2500 Little Cove Road

(Address)

Charlotte, NC 28270

(City/State and Zip Code)

For further information concerning this matter, please call:

Lucia Trevino-Lane

(Name of Contact Person)

704

at ()

814-0377

(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

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TALLAHASSEE FLORIDA



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: Regency Carriage Medical Transport, LLC

2. The Florida document/registration number assigned to this limited liability company is: L18000248882

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/01/2018

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

Authorized Member

(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)