

219000018513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

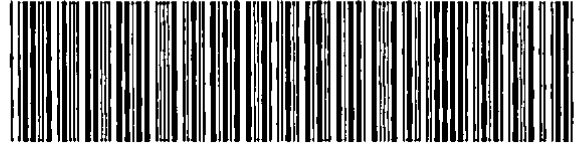
(Business Entity Name)

(Document Number)

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19 FEB 20 PM 6:18
FALLAHS SEC. FLORIDA

FEB 25 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Academy of Sound Therapy

(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:

Kathleen Haden

(Contact Person)

(Firm/Company)

21A Oceanview Dr.

(Address)

Oceanridge, FL 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Haden

at (817) 938*7552

(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: American Academy of Sound Therapy

2. The Florida document/registration number assigned to this limited liability company is:
L19000018513

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/12/19

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

partner

(Print Title)

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

Kathleen Haden

Signature of Dissociating Member or Resigning Manager

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

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19 FEB 20 PM 6:18
TALLAHASSEE, FLORIDA