

L190000 54909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

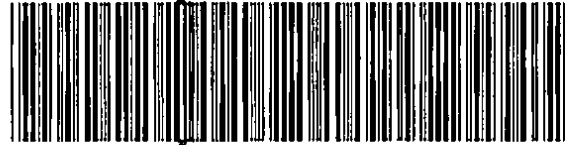
(Business Entity Name)

(Document Number)

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

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2019 AUG - 7 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 1 2019  
T. LEMIEUX

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Premier NeuroSpine Institute 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:

Johnathan Genao

(Contact Person)

Platinum Wealth Venture LLC

(Firm/Company)

100 N Tampa St Suite 1600

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Johnathan Genao

(Name of Contact Person)

813

at ( )

321-6818

(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: Premier NeuroSpine Institute LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000054909

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/11/2019

4. I, Tien V Le, hereby withdraw/resign as a  
(Print Name of Person Resigning)

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR -7 PM 4:01

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