

**L190000B3108**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
Fax Number : (727)443-5829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PINELLAS VASCULAR, L.L.C.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

H19000110058

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PINELLAS VASCULAR, L.L.C.

(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:

Alan S. Gassman, Esquire

(Contact Person)

Gassman, Crotty & Denicolo, P.A.

(Firm/Company)

1245 Court Street

(Address)

Clearwater, FL 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Guidry

(Name of Contact Person)

at (

727

(Area Code & Daytime Telephone Number)

442-1200 x247

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

CR2E079 (2/14)

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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: PINELLAS VASCULAR, L.L.C.
2. The Florida document/registration number assigned to this limited liability company is: L19000083908
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/26/19
4. I, Alan S. Gassman, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
(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)

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