

L19 000105 390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

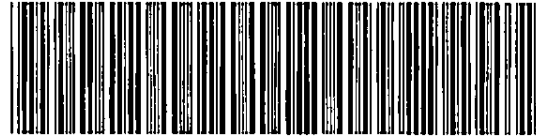
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Platinum Medical Administration 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 Medical Administration LLC

(Firm/Company)

5318 W Crenshaw St

(Address)

Tampa, FL 33634

(City/State and Zip Code)

For further information concerning this matter, please call:

Johnathan Genao

813 321-6818
at (_____) _____

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

