## L1900015063A

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## **COVER LETTER**

Registration Section **Division of Corporations** Pain Remedies SUBJECT: (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: Jeff Steinberg MD (Contact Person) Pain Remedies (Firm/Company) 130 S Universitry Dr Ste C (Address) Plantation, Fl 33324 (City/State and Zip Code) For further information concerning this matter, please call: Dr Jeff Steinberg 900-6699 (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: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:



## 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	s it appears on the records of the F	Florida Department
of State is: Pain F	Remedies		
2. The Florida doci	iment/registration number as	ssigned to this limited liability co	mpany is:
	L19000150634	<del>1</del> .	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	6/27/23
4. I, Alan Philipson	, hereby withdraw/resign as a, nee of Person Resigning)		
Manager	ame oj rerson kesigning)		,
	(Print Title)		
of this limited lial resignation in wr		ne limited liability company has b	een notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		SE RET