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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NUISE Practition (Name of Limited 1)	ner on the Go, LLC Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Daphne Gardner (Contact Person)	
(Firm/Company)	
1001 27th avenue S. (Address)	outh
S+ Petersburg f 3 (City/State and Zip Code)	3705
For further information concerning this matter, p	lease call:
Daphne Gardner at (Name of Contact Person)	(727) 320-402 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301



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)

			ords of the Florida Departmen
of State is:	urse Practitioner	On The Go LI	_C ·
2. The Florida docu	ument/registration number as	ssigned to this limited	liability company is:
L1900016	7452	·	
3. The date this me	mber/manager withdrew/res	signed or will withdray	w/resign is: 9/11/19
4.1. <u>Daphne</u>	ame of Person Resigning)	, hereby withdra	w/resign as a
Manag	(Print Title)		
of this limited lial resignation in wri		ne limited liability com	npany has been notified of my
Daphn	e Gardrer		
Signature of Di	ssociating Member or Resig	gning Manager	
	\$25.00 (Required) \$30.00 (Optional)		TILED SOFT BELLED