

L200000008945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

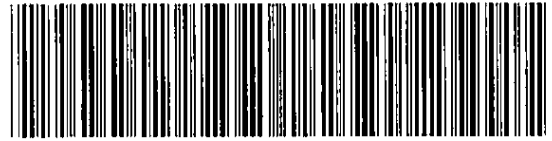
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



800417134078

10/12/23--01024--035 \*\*110.00

2023 OCT 12 PM 2:38

Via

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATALA COUNSELING, PLLC  
(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:

KATHRYN DUMONT

(Contact Person)

(Firm/Company)

905 S. MISSOURI AVENUE

(Address)

LAKELAND, FL 33803

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHRYN DUMONT

(Name of Contact Person)

at ( 863 ) 701-3501

(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



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: ATALA COUNSELING, PLLC
2. The Florida document/registration number assigned to this limited liability company is:  
L20000008945
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/29/2023
4. I, KATHRYN ORDONIA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER AND MEMBER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

Kathryn Ordonia

4A485027430A429

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2023 OCT 12 PM 2:36