

K20 000 110752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

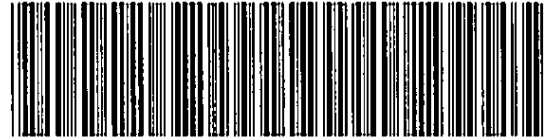
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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COMPREHENSIVE CLINICAL RESEARCH, LLC

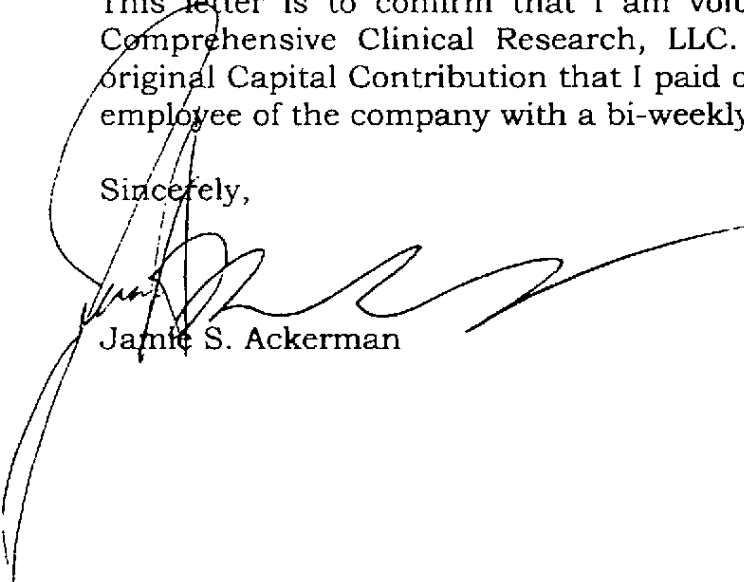
603 VILLAGE BLVD., SUITE 301
WEST PALM BEACH, FLORIDA 33414
561 478-3177

June 10, 2021

Ronald T. Ackerman, Md
Barbara S. Ackerman
603 Village Blvd., Suite 301
West Palm Beach, FL 33409

This letter is to confirm that I am voluntarily withdrawing as an officer of Comprehensive Clinical Research, LLC. I agree to accept payment of the original Capital Contribution that I paid of \$10,000. I intend to continue as an employee of the company with a bi-weekly salary.

Sincerely,



Jamie S. Ackerman

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPREHENSIVE CLINICAL RESEARCH, 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:

BARBARA ACKERMAN
(Contact Person)

COMPREHENSIVE CLINICAL RESEARCH
(Firm/Company)

2861 LONG MEADOW DR.
(Address)

WELLINGTON, FL. 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA ACKERMAN at (561) 389-4095
(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



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: COMPREHENSIVE CLINICAL RESEARCH, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000110752

3. The date this member manager withdrew/resigned or will withdraw/resign is: 6/18/2021

4. I, JAMIE S. ACKERMAN, hereby withdraw/resign as a
(Print Name of Person Resigning)

COO/OWNER OF 48%.
(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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DIVISION OF STATE
CORPORATIONS, FL