LZO 000 249403

(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



400353403364

RECEIVED OCT 1 9 2020

10/20/20--01010--011 **25.00

R. WHITE NOV 2 3 2020

COVER LETTER

TO: Registration Section **Division of Corporations** Milestone Early Intervention Services, LLC 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: Rossiter, Stephen P. (Contact Person) Milestone Early Intervention Services, LLC (Firm/Company) 170 Fitzgerald Rd, Suite 1 (Address) Lakeland, FL 33813 (City/State and Zip Code) For further information concerning this matter, please call: Rossiter, Stephen 813 754-7777 (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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



7200 19 F" 2: 15

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)

Mile	limited liability company as it appestone Early Intervention Service	
2. The Florida docu L20000249		d to this limited liability company is:
	· · · · · · · · · · · · · · · · · · ·	09/15/2020
3. The date this me Bradshaw, V		or will withdraw/resign is:
4. I,(Print N MGRM	ame of Person Resigning)	hereby withdraw/resign as a
1	(Print Title)	
of this limited lial resignation in wr		ted liability company has been notified of my
Whe	l Beal	
Signature of Idi	ssociating Member or Resigning M	1anager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	