

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ
Account Number : 120190000084
Phone : (813)254-8998
Fax Number : (813)839-4411

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: DrDupre@NeuRepairClinic.com

LLC REGISTERED AGENT RESIGNATION
NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PLLC

Certificate of Status	0
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M. SOLOMON

OCT 16 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PLLC
Name of Limited Liability Company

DOCUMENT NUMBER: 120000373874

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Derrick A. Dupre

Name of Person

NeuRepair Clinic

Name of Firm/Company

8140 Picton Way, #102

Address

Trinity, FL 34655

City/State and Zip Code

drdupre@neurepaireclinic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Derrick A. Dupre

at (727) 494-7573

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

IN11517 (2/14)

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 SECRETARY OF STATE
 TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Older & Lundy, LLC

hereby resigns as

Name of Registered Agent

Registered Agent for NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PLLC

Name of Limited Liability Company

L20000373874

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Michael L. Lundy, Esq.

Typed or Printed Name

Manager

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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