

L 21000136528

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

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Post Office Box 568943

Orlando, FL 32856-8943

Telephone: 407.841.1902

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June 11, 2021

Florida Department Of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

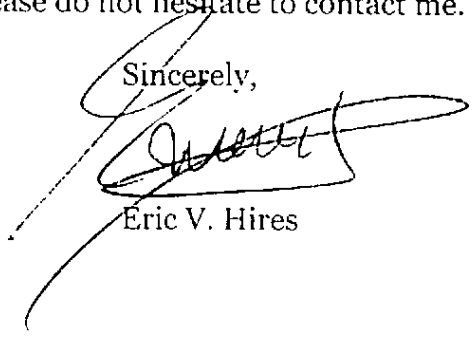
Re : Neuroscience and Sports Institute, LLC
Doc No: L21000136528

Dear Sir/Madam:

Enclosed is the Cover Letter, original and one copy of the Dissociation Or Resignation Of Member, Manager From Florida Or Foreign Liability Company and my check for \$25.00, for filing fees is also enclosed.

If you have questions, please do not hesitate to contact me.

Sincerely,



Eric V. Hires

EVH/tbm
Enclosures
169406

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neuroscience and Sports Institute, 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:

Eric V. Hires

(Contact Person)

The Law Office of Eric V. Hires, LLC

(Firm/Company)

P.O. Box 568943

(Address)

Orlando, FL 32856

(City/State and Zip Code)

For further information concerning this matter, please call:

Eric V. Hires

(Name of Contact Person)

at (407) 841-1902

(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: Neuroscience and Sports Institute, LLC

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

L21000136528

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 11, 2021

4. I, Carlos Colon, hereby withdraw/resign as a
(Print Name of Person Resigning)

President

(Print Title)

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

Carlos Colon

Signature of Dissociating Member or Resigning Manager

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL