

L21000197443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVINCIBLE PHYSICIAN 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:

Valerie Barnhart, Esq.

(Contact Person)

Barnhart Law Firm

(Firm/Company)

12555 Orange Drive, Second Floor

(Address)

Davie, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Barnhart, Esq.

at (954) 526-1814

(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: INVINCIBLE PHYSICIAN LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000197443

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/12/2022

4. I, Samantha Schneider, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

2022 JAN 25 AM 9:45
DIVISION OF CORPORATIONS
STATE OF FLORIDA
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