

L21000449929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

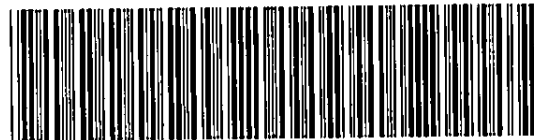
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HONNE  
JUN - 5 2023

Office Use Only



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2023 JUN -2 PM 12:32  
SECRETARY OF  
TALLAHASSEE, FL

7:17 D



RECEIVED  
2023 JUN -2 PM 2:02  
TALLAHASSEE, FL

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sarasota Comprehensive Endocrine Clinic, LLC

Please Debit I20000000257 For: 25

Thank you Seth Neeley



- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

Signature

Requested by: SETH 06/01/2023

Name Date Time

Walk-In Will Pick Up

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sarasota Comprehensive Endocrine Clinic, 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:

Joel Walters, Esq.  
(Contact Person)

Walters Levine & DeGrave  
(Firm/Company)

240 S. Pineapple Ave. Ste 206  
(Address)

Sarasota, FL 34236  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Walters, Esq. at ( 941 ) 364-8787  
(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



2023 JUN -2 PM 12:32  
SECRETARY OF  
TALLAHASSEE

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: Sarasota Comprehensive Endocrine Clinic, LLC

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

L21000449929

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2022

4. I, PTI Medical Group, Inc., hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Member

(Print Title)

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

Alexander Jones

Signature of Dissociating Member or Resigning Manager

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