

L22000529101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

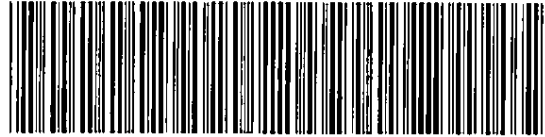
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/23--01006--022 **25.00

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2023 OCT 24 AM 11:53

CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IV Therapies of St. Pete, 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:

LORI BROWN
(Contact Person)

IV Therapies of St Pete
(Firm/Company)

843 49TH Ave N
(Address)

St. Petersburg, FL 33703
(City/State and Zip Code)

For further information concerning this matter, please call:

LORI BROWN at (240) 505-0101
(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

October 12, 2023

LORI BROWN
843 49TH AVE N
ST. PETERSBURG, FL 33703

SUBJECT: IV THERAPIES OF ST. PETE, LLC
Ref. Number: L22000529101

We have received your document for IV THERAPIES OF ST. PETE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 223A00023725

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F.D



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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2023 OCT 24 AM 11:53
DIVISION OF STATE
TALLAHASSEE, FLORIDA

**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: IV Therapies of St. Pete, LLC

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

L22000529101

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-18-2023

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

Member
(Print Title)

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

x [Signature]
Signature of Dissociating Member or Resigning Manager

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