## L240000066157

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Regi:	stration Section		_		
	Divis	sion of Corporations		•		
SUBJ	ECT:	PIEDMONT PLACE HEALTH A	AND WELLNESS,	1.1.0		
		(Name of Limited Liability Company)				
The en	closec	l member, resignation or disse	ociation and fee	e(s) are submitted for filing.		
Please	return	all correspondence concerni	ng this matter to	);	 !	
Cynthia	Kohler	ı			<del>.</del>	
		(Contact Person)		<del></del>	•	
PIEDMO	ONT PI	LACE HEALTH AND WELLNES	S.LLC			
		(Firm/Company)	<del></del>			
6706 N S	9TH A	VE B5				
		(Address)				
Pensacol	la, FL 3	32504				
		(City/State and Zip Code)	<del></del>	_		
For furt	ther in	iformation concerning this ma	utter, please call	:		
Cynthia	Kohler		.386 at (	956-712-4 )		
	(Na	ame of Contact Person)	(Area Cod	le & Daytime Telephone Number)		
Enclose ■ \$25	ed plea Filing	ise find a check made payable .Fee		Department of State for: ng Fee & Certified Copy		
i	Regist	g Address: tration Section		Street Address: Registration Section		
		on of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		
	Tallah	nassee, FL 32314		2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10	



## 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)

PIED	· limited liability company as MONT PLACE HEALTH AND W	it appears on the records of the Florida Department
2. The Florida doc 1,24000066157	ument/registration number as	signed to this limited liability company is:
3. The date this me	:mber/manager withdrew/resi	gned or will withdraw/resign is:
42 July 12 Id		, hereby withdraw/resign as a
MGRM		
	(Print Title)	*
of this limited lia resignation in wr		e limited liability company has been notified of my
Jil ho Signature of D	Shello issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	