

M 09 000001237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

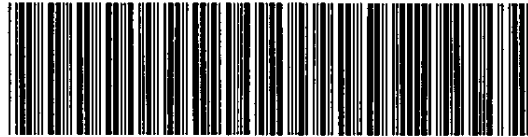
(Business Entity Name)

(Document Number)

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

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15 MAR 16 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 3 2015  
1 Bureau

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PCP Management, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanya Pittner

(Name of Person)

Advanced Pain Management Specialists

(Firm/Company)

8255 College Pkwy, Ste 200

(Address)

Fort Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Tanya Pittner

(Name of Person)

239

at (

337-6808

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PCP Management, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

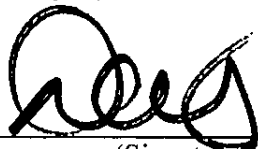
03.30.2009

(Date registered with Florida Department of State)

M09000001237

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Jonathan Daitch

(Typed or printed name of signee)

**FILED**  
15 MAR 16 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**