

M14 000003235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

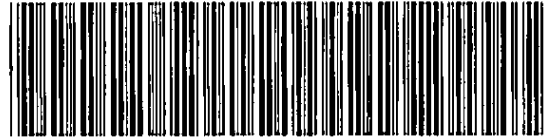
(Business Entity Name)

(Document Number)

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

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Office Use Only



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08/12/21-- 01012--012 \*\*25.00

08/24/2021  
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2021 AUG 12 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FL 32311

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACTIVE NEUROMONITORING, 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:

LATOYA FRIDAY

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

3200 PORT ROYAL DRIVE N #2005

\_\_\_\_\_  
(Address)

FORT LAUDERDALE, FL 33308

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LATOYA FRIDAY at ( 832 ) 567-2872  
\_\_\_\_\_  
(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



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2021 AUG 12 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: ACTIVE NEUROMONITORING, LLC

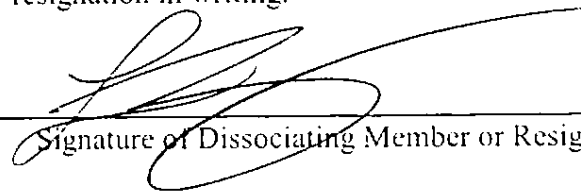
2. The Florida document/registration number assigned to this limited liability company is:  
M14000003235

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/31/2021

4. I, LATOYA FRIDAY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER, COO  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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