## L14000168153

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ALL AHASSEF, FLORIDA

MAR 0 8 2016 J. HARRIS

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIRTUS RENALL SOLUTIONS NET	TWORK, LLC
(Name of Limited Liabil	lity Company)
The enclosed member, resignation or dissociation and	i fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to:
Carlos J. Gonzalez	
(Contact Person)	
VIRTUS RENALL SOLUTIONS NETWORK, LLC	<u> </u>
(Firm/Company)	
2601 SW 37th Avenue, Suite 138	
(Address)	
Miami, FL 33133	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Carlos J. Gonzalez 305	)
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	, and the second

CR2E079 (2/14)



## 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)

	limited liability company as	• •	the Florida Department	
2. The Florida doct L1400016815	ument/registration number as	signed to this limited liabilit	y company is:	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign	n js:	
4. l, Yosmani Paez			_, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)			
Manager				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company h	nas been notified of my	
Signature of Di	ssociating Member or Resign	ning Manager	16 HAR SECRET	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ASSESTION ASSESTION	