

L21000063374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

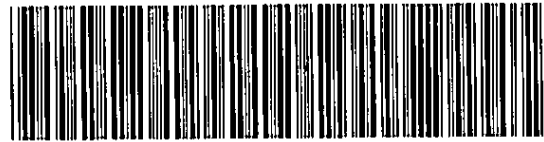
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR -4 PM 12:07
OFFICE OF THE CLERK
STATE OF CALIFORNIA

APR 23 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Choice Health Advisors 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:

Krystle Cahill

(Contact Person)

1st Choice Health Advisors LLC

(Firm/Company)

831 SW 14th Street

(Address)

Fort Lauderdale, FL 33315

(City/State and Zip Code)

For further information concerning this matter, please call:

Krystle Cahill

954

7345024

at (_____) _____

(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

**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: 1st Choice Health Advisors LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000063374.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/23/2021

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

AR
(Print Title)

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

2021 MAR -4 PM 12:30
RECEIVED

Michael Saunders
Signature of Dissociating Member or Resigning Manager

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