

K21000063378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

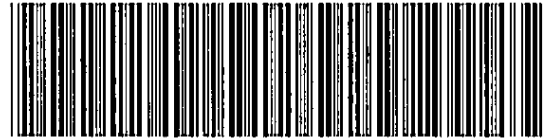
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR -4 PM 12:07
STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

APR 23 2021

R. HUNT



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: IST CHOICE HEALTH LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000063378.

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 my resignation in writing.

Michael Saunders
Signature of Dissociating Member or Resigning Manager

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

2021 MAR -4 PM 12:07
DIVISION OF CORPORATIONS