

K22000165920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

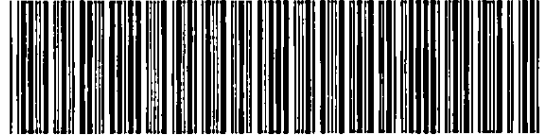
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVICTUS MEDICAL SERVICES & ASSOCIATES
(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:

THALYTA JONES
(Contact Person)

INVICTUS MEDICAL SERVICES & ASSOCIATES
(Firm/Company)

3420 NW 79TH AVENUE
(Address)

CORAL SPRINGS FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

THALYTA JONES at (954) 483.0888
(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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DEPARTMENT OF STATE
TALLAHASSEE, FL

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: INVICTUS MEDICAL SERVICES & ASSOCIATES, LLC

2. The Florida document/registration number assigned to this limited liability company is: L 22 000 165920

3. The date this member/manager withdrew/resigned or will withdraw/resign is: NOV. 1st 2022

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

CO-OWNER - MANAGER
(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)

NOVEMBER 1ST, 2022.

Janett Jalil Martinez and Cesar Perez,

This letter is to inform you of the resignation and dissociation of THALYTA JONES from the liability company as it appears on the records of the Florida Department of State, INVICTUS MEDICAL SERVICES & ASSOCIATES, DBA INVICTUS MEDICAL & WELLNESS GROUP.

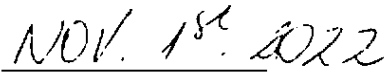
The Florida document/registration number assigned to this limited liability company is L2200165920.

The effective date of the resignation and dissociation is November 1st, 2022.

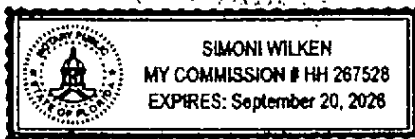
I THALYTA JONES, hereby withdraw/resign as a manager and co-owner of this Limited liability company, INVICTUS MEDICAL SERVICES & ASSOCIATES, DBA INVICTUS MEDICAL & WELLNESS GROUP.



Thalyta Jones



Date



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