

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

L2300005761

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H24000134344 3)))



H240001343443ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GS2 LAW PLLC
Account Number : I20230000144
Phone : (305)780-5212
Fax Number : (786)954-3860

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2024 APR 12 PM 2:32

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 APR 12 PM 3:55

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Q5 HEALTHCARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON
APR 12 2024



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: Q5 HEALTHCARE LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000005761

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/10/2024

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

2024 APR 12 PM 3:55

FILED