

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.

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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

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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)

2024 APR 12 PM 3:55

FILED

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)