

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2300005761

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

From:
 Account Name : G52 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: _____

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

Certificate of Status	0
Certified Copy	0
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M. SOLOMON

APR 12 2024

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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, Alexander S. Rindner, 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)

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