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Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
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From: W. Scott Turnbull, Esquire
 Account Name : CRARY, BUCHANAN, BOWDISH, ET AL
 Account Number : 076424001425
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Email Address: turnbull@crarybuchanan.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALANT MEDICAL, P.L.L.C.

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C. BRUMBLEY
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALANT MEDICAL, PLLC

(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:

Robert Rappel, DO, JD

(Contact Person)

RAPPEL HEALTH LAW GROUP, PL

(Firm/Company)

601 21st Street Ste 300

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel, DO, JD

(Name of Contact Person)

at (772)

559-0089

(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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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FL

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**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: Valant Medical, PLLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000078806

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/20/2022

4. I, Gregory Francis, D.O., hereby withdraw/resign as a
(Print Name of Person Resigning)

Member Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

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