

L0700007FS26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10 to 10 Urgent Care, LLC

(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:

Jerry Godding

(Contact Person)

10 to 10 Urgent Care, LLC

(Firm/Company)

324 High Street

(Address)

Tarpon Springs, FL 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry Godding at (727) 485-8900

(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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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: 10 to 10 Urgent Care, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L07000078526

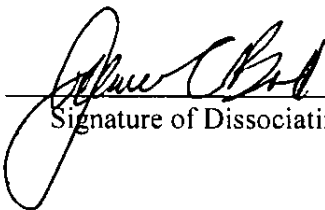
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 21, 2016

4. I, James C. Brown II, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member
(Print Title)

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TALLAHASSEE, FLORIDA

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)