

L070000 98/74

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAY - 6 PM 12:41

205/4



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2015

LAZARO MOREIRA, CEO  
ONE STOP CARE NETWORK LLC  
7480 SW 40TH ST., STE 820  
MIAMI, FL 33155 US

SUBJECT: ONE STOP CARE NETWORK LLC  
Ref. Number: L07000098174

We have received your document for ONE STOP CARE NETWORK LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 515A00004844

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ONE STOP CARE NETWORK, 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:

DR JORGE L. VEGA, CEO  
(Contact Person)

ONE STOP CARE NETWORK, LLC  
(Firm/Company)

7480 BIRD ROAD, STE 460  
(Address)

MIAMI, FL 33155  
(City/State and Zip Code)

For further information concerning this matter, please call:

DR JORGE L. VEGA at ( 786 ) 801 1692  
(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



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY -6 PM 12:41

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: ONE STOP CARE NETWORK, LLC

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

L07000098174

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03-31-2015

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

MGRM

(Print Title)

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

Amador Diaz  
Signature of Dissociating Member or Resigning Manager

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

RECEIVED  
15 MAY -6 AM 8:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA