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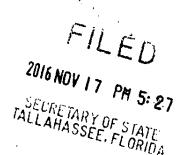
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Copia Health Care LLC **SUBJECT:** (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: Fernando Abad (Contact Person) Copia Health Care LLC (Firm/Company) 1650 Sand Lake Rd; Suite 270 (Address) Orlando, Florida 32809 (City/State and Zip Code) For further information concerning this matter, please call: Fernando Abad 321 427-4206 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301





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)

Copi	limited liability company as it appears on the records of the Florida Department A Health Care LLC
2. The Florida docu L0800001631	ment/registration number assigned to this limited liability company is:
	09/15/2016
	nber/manager withdrew/resigned or will withdraw/resign is:
Paula L Taylo	
4. 1,	, hereby withdraw/resign as a, mereby withdraw/resign as a
Vice Presider	, Treasurer
	Print Title)
resignation in wr	cility company and affirm the limited liability company has been notified of my ting. Sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)