

108000016311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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2016 NOV 17 PM 5:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
NOV 18 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Copia Health 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:

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

at ( )

(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

FILED  
2016 NOV 17 PM 5:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Copia Health Care LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L08000016311

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/15/2016

4. I, Paula L Taylor, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Vice President, Treasurer

*(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)