



Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PANELL LAW GROUP, LLC
Account Number : I20130000088
Phone : (305)513-8606
Fax Number : (305)513-8605

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eli@panell-law.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDITECH MEDICAL CENTERS, LLC

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S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDITECH MEDICAL CENTERS, 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:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

(Contact Person)

PANELL LAW GROUP, LLC

(Firm/Company)

8750 NW 36TH STREET, STE 425

(Address)

DORAL, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

ELI PANELL, ESQ, CPA, CFP(r), LL.M. at (305) 513 - 8606

(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

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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: MEDITECH MEDICAL CENTERS, LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L08000040515

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/03/2017

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

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