

**LD9000014341**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

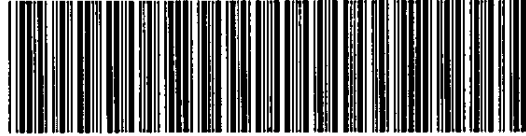
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 13 2015

**\* COVER LETTER \***

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Express medical Delivery, 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:

Ken Ross  
(Contact Person)

Express medical Delivery, LLC  
(Firm/Company)

9749 50th St. Cir. E.  
(Address)

Parrish, FL 34219  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Ross at (941) 545-0949  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Express Medical Delivery, LLC

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

L 090000 14391

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Oct 6, 2015

4. I, Nancy M. Ross, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MEM  
(Print Title)

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

x Nancy M Ross

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)