

LO9000062655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100295947921

02/27/17--01029--017 \*\*55.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 FEB 27 AM 9:03

FEB 28 2017

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICAL HOLDINGS,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:

**KIMBERLY GILL**

(Contact Person)

(Firm/Company)

**9471 WEST MCNAB ROAD**

(Address)

**TAMARAC,FLORIDA 33321**

(City/State and Zip Code)

For further information concerning this matter, please call:

**KIMBERLY GILL**

(Name of Contact Person)

at ( **954** ) **724-4858**

(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  
17 FEB 27 AM 9:03



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: MEDICAL HOLDINGS LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L09000062655.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/20/2017

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

MGR

(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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 27 AM 9:03