

LC9 0000 78934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

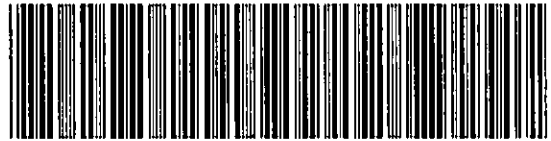
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 JUN 11 AM 9:27

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cc
Resignation

JUN 23 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

Holland Medical Consulting, 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:

Daryl L. Holland

(Contact Person)

Holland Medical Consulting, LLC

(Firm/Company)

17207 Broadoak Dr.

(Address)

Tampa, FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

Daryl L. Holland

813

495-2257

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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2020 APR 11 AM 9:27
CLERK OF THE COURT

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
Holland Medical Consulting, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
27-0663037

_____ L 091000078934

5/19/2020

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
Marcella A. Holland

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
Co-owner/Officer

(Print Title)

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

Marcella A. Holland
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)