

L11000021342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

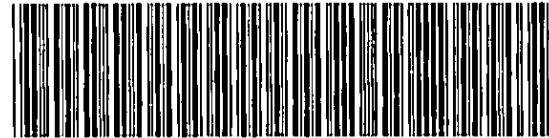
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400291814234

08/25/17--01005--001 \*\*55.00

FILED  
17 AUG 24 PM 11:21  
FBI - NEW YORK

n SCOTT  
AUG 25 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2017

BILAL SALEH  
10757 PICTORIAL PARK DR  
TAMPA, FL 33647

SUBJECT: SALEH HEALTHCARE INSTITUTE OF FLORIDA (SHIFA) LLC  
Ref. Number: L11000021342

We have received your document for SALEH HEALTHCARE INSTITUTE OF FLORIDA (SHIFA) LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 717A00016694

RECEIVED  
2017 AUG 24 AM 11:04  
JESSICA M. JAMES  
TALLAHASSEE, FLORIDA

FILED  
17 AUG 24 AM 11:21  
JESSICA M. JAMES  
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: Saleh Healthcare Institute of Florida (SHIFA) LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L11000021342
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 31, 2017
4. I, Magda Elkadi Saleh, 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)