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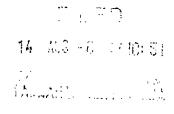
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tricounty Physicians, LLC	and Linkillan Common N
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Marivic Villa	
(Contact Person)	
Tricounty Physicians, LLC	
(Firm/Company)	
1507 Buenos Aires Blvd.	
(Address)	
The Villages, Florida 32159	
(City/State and Zip Code)	
For further information concerning this matte	r, plcase call:
Marivic Villa	352 267-6830
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\\$55 \text{ 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

CR2E079 (2/14)





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)

	limited liability company as it appears on the records of the Florida Department unty Physicians, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:
	nel, hereby withdraw/resign as a
Managing Me	
	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
	50 lml
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)