

L11 0000 93461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

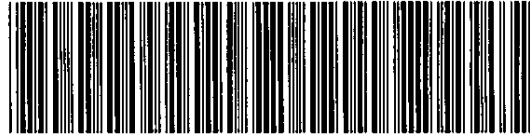
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH QUARTERS 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:

OSEAS DA SILVA MARINS

(Contact Person)

HEALTH QUARTERS LLC

(Firm/Company)

7251 HUNTERDON DRIVE

(Address)

ORLANDO, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

OSEAS DA SILVA MARINS

(Name of Contact Person)

at 407 914 4220

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANA
FLORIDA OR FOREIGN LIMITED LIABILITY COM**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the
of State is: HEALTH QUARTERS LLC

2. The Florida document/registration number assigned to this limited liability co
L11000093461

3. The date this member/manager withdrew/resigned or will withdraw/resign is

4. I, RUBIA MARINS, hereby withdraw/resign a
(Print Name of Person Resigning)

MGRM

(Print Title)

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

Rubia Marins

Signature of Dissociating Member or Resigning Manager

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