11000142297

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ELITE CARDIOLOGY, LLC	
(Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s	i) are submitted for filing.
Please return all correspondence concerning this matter to:	
Alex A Khoja, CPA, CGMA	
(Contact Person)	_
Alex A Khoja, CPA, PA	
(Firm/Company)	-
11820 Miramar Parkway, Suite 205	
(Address)	_
Miramar, FL 33025	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Alex A Khoja, CPA, CGMA 954	447-3272
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee □ \$55 Filing	epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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)

1. The name of the limited liability company as it a	appears on the records of the Flori	ida Department
of State is: Elite Cardiology LLC		
2. The Florida document/registration number assign	ned to this limited liability compa	nny is:
L11000142297		17
3. The date this member/manager withdrew/resigned	—· ed or will withdraw/resign is:	/01/2015 -
Λ II ΔΑ/ΛΙΙΕ		;
4. I, (Print Name of Person Resigning)	, nereby withdraw/resign as a	- 3
MGR		· 61 al
(Print Title)		~
of this limited liability company and affirm the lir resignation in writing.	nited liability company has been	notified of my
Signature of Dissociating Member or Resigning	g Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		