

L12000080372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

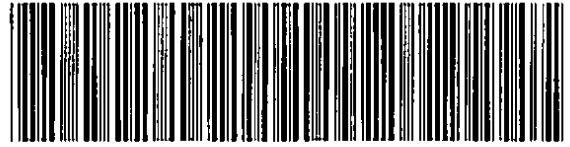
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300367926273

06/10/21 11:01:03 AM +25.00

2021 JUN 10 PM 12:57
12/10/21 11:01:03 AM

TO: Registration Section
Division of Corporations

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

For further information concerning this matter, please call:

Enclosed please find a check made payable to the Florida Department of State for:

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



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: SOUTH FLORIDA URGENT CARE CENTERS, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L12000080372
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JANUARY 3, 2020
4. I, ALBERT HIDALGO, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(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)

2021 JUL 10 PM 12:57