

L12000123863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

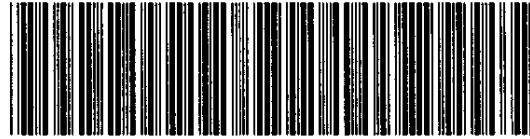
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200279378362

11/23/15--01040--003 **55.00

2015 NOV 23 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Gulligan Nov 24 2015

Dr Amanda Ferguson

2110 Reach Reach Dr #21
Naples, Fl 34104

ferguson_dc@hotmail.com

August 21, 2015 (updated Sept 29, 2015 for final day determination)

HSN Medical Group LLC

619 8th Street South
Naples, Fl 34102

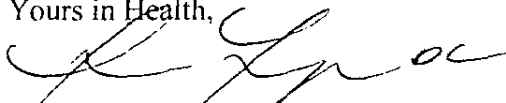
To the Shareholders of HSN Medical Group,

Please accept this letter and my verbal review of this as notice of my resignation. As I understand there are many aspects of the practice to transfer, I am willing to stay for a time to help with the appropriate transition. I am willing to work with the Regional Developer, Dave Ervin, to ensure the best outcome. If I can be of help in any way please contact me at 386-624-1448.

I leave feeling satisfied with the standards of my work and behavior, and would like to thank you for the learning opportunities that I experienced during my time here. My last day will be November 20, 2015.

I wish you and the team all the best.

Yours in Health,



Dr Amanda Ferguson

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSN Medical Group 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:

Lucy Drattler
(Contact Person)

Dollars and Sense LLC
(Firm/Company)

5650 Yacht St #2
(Address)

Naples FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Ferguson at (386) 624-1448
(Name of Contact Person) (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

FILED

2015 NOV 23 AM 10:53

SECRETARY OF STATE
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: HSN Medical Group LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000123863

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Nov 21, 2015

4. I, Amanda Ferguson, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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