212000 1444-758

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| (ricaless) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , , |
| (Document Number) |
| (Document Namber) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special instructions to Fining Officer. |
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Office Use Only



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SECRETARY OF STATE A

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COVER LETTER

| TO: Registration Section | |
|------------------------------------------------------------|-----------------------------------------------------------------------------|
| Division of Corporations | |
| SUBJECT: Envista Health, LLC | |
| (Name of Lin | mited Liability Company) |
| The enclosed member, resignation or dissoc | ciation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | g this matter to: |
| Cheryl Hamilton Fried | |
| (Contact Person) | |
| Environs Health, Inc. | |
| (Firm/Company) | |
| 5408 W Leilani Drive | |
| (Address) | |
| Saint Pete Beach, FL 33706 | |
| (City/State and Zip Code) | |
| For further information concerning this mat | ter, please call: |
| Cheryl Hamilton Fried | 813 785-9294 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable \$25 Filing Fee | to the Florida Department of State for: ☐ \$55 Filing 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 32301 | 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)

| . Env | limited liability company as i | | cords of the | Florida | Departn | nent — |
|--------------------------------|------------------------------------------|-----------------------|---------------------------------------------|----------------------|-----------|-----------|
| 2. The Florida doc L1200014475 | ument/registration number ass 8 | signed to this limite | d liability co | ompany | is: | |
| 3. The date this me | ember/manager withdrew/resig | gned or will withdra | aw/resign is: | 11/16 | 5/17 | |
| Andro Vora | | | | | | |
| Manager | | | | | | |
| resignation in wr | issociating Member or Resign | | SINGRETARY OF STATE TALMAHASSEE, FLORIDA | 2006 MAR 18 17 14 34 | tified of | my |
| _ | \$25.00 (Required) \$30.00 (Optional) | | • | | | |