

L13000031162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

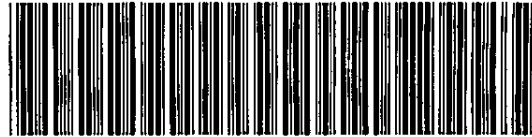
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258174246

03/31/14--01032--019 **25.00

FILED
14 MAR 31 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 03 2014

C. CARROTHERS

Luke McQuillen
1167 Craftsland Ln NE
Palm Bay, FL 32909
March 18, 2014

Tony DeMao
Managing Member
LTMD, LLC
487 Martin Rd SE Ste 2
Palm Bay, FL 32909

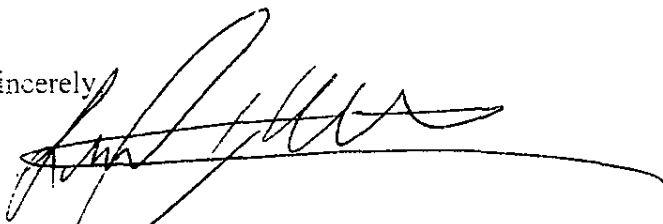
Dear Mr. DeMao:

Please accept my resignation from the executive board and ownership of LTMD, LLC, effective immediately. I transfer my holdings in the company to the company so they may be dealt with as outlined in chapter 8 of the LTMD, LLC operating agreement. Furthermore, I freely release LTMD, LLC of all loans, debts, or other liabilities owed to me.

At your convenience, I will be glad to discuss the work I performed so you may continue in my place.

I pray for your continued success.

Sincerely,

A handwritten signature in black ink, appearing to read 'Luke McQuillen', written over a horizontal line.

Luke McQuillen
Managing Member, LTMD, LLC

CC: Paul Rosbury

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~LTMD, LLC~~ LTMD, 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:

Anthony Demao

(Contact Person)

LTMD, LLC

(Firm/Company)

487 Martin Road SE Suite 2

(Address)

Palm Bay, Florida 32909

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Demao

(Name of Contact Person)

at (321) 537-9897

(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, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

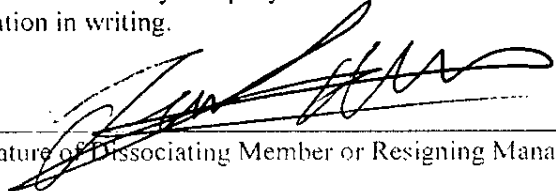
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LTMD LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000031162

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/18/2014

4. I, Luke McQuillen, 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 of Dissociating Member or Resigning Manager

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

FILED
14 MAR 31 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA