## L130000 31944

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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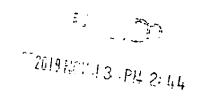
R. WHITE DEC 11 2019

## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUB.	PIP Medical Consultants, L	LC	
	(Name of Lir	nited Liability Co	mpany)
The e	enclosed member, resignation or dissoc	iation and fee(	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Ange	el M Garcia MD		
	(Contact Person)		_
PIP I	Medical Consultants, LLC		
	(Firm/Company)		_
1019	91 W Sample Rd, Suite 101		
	(Address)		_
Cora	l Springs, FL 33065		
	(City/State and Zip Code)		_
For fi	urther information concerning this mat	ter, please call:	
Ange	el M. Garcia MD	954 at (	889-2322
•	(Name of Contact Person)		2 & Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle		Tallahassee, Florida 32314
Tallal	hassee, 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)

	limited liability company as it appears on the records of the Florida Departmen  Medical Consultants, LLC
2. The Florida doc L1300003184	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I	, hereby withdraw/resign as a
Manager	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.  Listopian Member of Resigning Manager
	\$25.00 (Required)