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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

Orange Medical Plan, LLC SUBJECT:

(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:

Juan Basto

(Contact Person)

Orange Medical Plan, LLC

(Firm/Company)

18400 NW 75th Place, Ste 110

(Address)

Hialeah, FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Basto	954	817-1010
	at (	)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 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

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)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Orange Medical Plan, LLC
- The Florida document/registration number assigned to this limited liability company is: L13000035222
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
- 4. I. Maria Basto

\_\_\_\_\_, 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)



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