

L13 000070077

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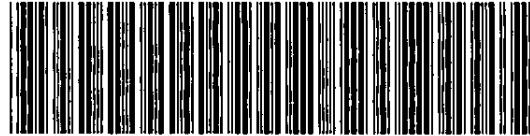
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TALLAHASSEE, FLORIDA

OCT 30 2014

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TO: Registration Section
Division of Corporations

SUBJECT: VIP Family Practice LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L13000070077

The enclosed Statement of Dissociation for Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Orlando Castillo
(Name of Person)

Castillo Accounting & Tax
(Firm/Company)

PO Box 678051
(Address)

Orlando, FL 32867
(City/State and Zip Code)

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For further information concerning this matter, please call:

Orlando Castillo at (407) 247-9892
(Name of Person) (Area Code & Daytime Telephone Number)

STREET 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

STATE OF FLORIDA
SECRETARY OF STATE

MEMBERS STATEMENT
OF DISSOCIATION
FROM A LIMITED LIABILITY COMPANY

2014 OCT 21 PM 5:17
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The following member of the Limited Liability Company hereby files this statement of
Dissociation in accordance with Section 605.0602, Florida Statutes.

1. Name of the Limited Liability Company from which a member has dissociated:

VIP Family Practice LLC

(Limited Liability Company's Name)

L 13000070077

(Document Number)

2. Name of member who has dissociated from the Limited Liability Company:

Austina Faria

(Dissociated Member's Name)

3. Effective date is

9/17/2014

4. Written notice of Member's express will to withdraw was issued to Limited Liability
Company on 9/17/2014

The execution of this statement constitutes an affirmation under the penalties of perjury that the
facts stated herein are true.

Signed this

24 day of September, 2014

[Signature]

(Dissociated Member's Signature)