## L13000096980

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<del>f</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	*)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	, letter	
	<u>.</u> <u>-</u>	

Office Use Only



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14 (Miles) | 10411 - 4 ZU14

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Straight Medical LLC (Na)ne 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:
Junifer Zigarac (Contact Person)
Jennifer Zigarac  (Firm/Company)
127 Desota Rd.
West Palm Brach, FL 33405 (City/State and Zip Code)
For further information concerning this matter, please call:
Unnifer Zigarac at (561) 309 1e252 (Name of Contact Person) (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

CR2E079 (12/13)

FILED 2014 MAR -3 PM 2: 49



SECRETARY OF STATE TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:  Straight Medical LLC.	
2. The Florida document/registration number of this limited liability company is:	
3. The date this member withdrew or will withdraw is: $2 - 18 - 14$	
4. I, Jennifer Zigarac , hereby resign as a 50% Owner mg r (Print Name of Person Resigning) (Print Title)	M
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Signature of Resigning or Dissociating Manager, Member	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (12/13)