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D. SCOTT NOV 1 8 2016

# RHGRAPPEL HEALTH LAW GROUP PL.

#### 601 21ST STREET— SUITE 300 – VERO BEACH, FLORIDA – 32960 TELEPHONE: 772.778.8885 – E-MAIL: postmaster@rappelhealthlaw.com

October 27, 2016

Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301

### Re: PHYSICIANS MEDICAL GROUP OF SOUTHWEST FLORIDA, LLC

Dear Sir/Madam:

Please be advised that A. Joseph Piccola, DO ("Dr. Piccola") has resigned as Manager and has dissociated himself from the above entity. Please find a completed CR2E079 Form of dissociation, filing fee and certified copy fee in the amount of fifty-five and 00/100ths Dollars (\$55.00) to complete the transaction.

Please return all correspondence concerning this matter to: Robert Rappel, DO, JD Rappel Health Law Group, PL 601 21<sup>st</sup> Street, Suite 300 Vero Beach, Florida 32960

For further information concerning this matter, please call Robert Rappel, DO, JD at 772.778.8885.

	Very truly yours,	
	RAPPEL HEALTH LAW GROUP Professional Limited Liability Company ROBERT RAPPEL, D.O., J.D.	IG NOV 17
DRR/	For the Firm Thomas D. Sievert, DC ( <u>sievertclinic@yahoo.com</u> )	PH 2:3
	nonus protector pe ( <u>nevercancoyunoo.com</u> )	$\simeq$

ROBERT RAPPEL, D.O., J.D. \*+ CRAIG M. RAPPEL, ESQ. \*\$

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#### 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: \_\_\_\_\_
- 2. The Florida document/registration number assigned to this limited liability company is: L13000100051
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
- 4. I, <u>A. Joseph Piccola, DO</u> (Print Name of Person Resigning)

\_\_\_\_, hereby withdraw/resign as a

Manager

(Print Tille)

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: Certified Copy;

\$25.00 (Required) \$30.00 (Optional)

