

U300015573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

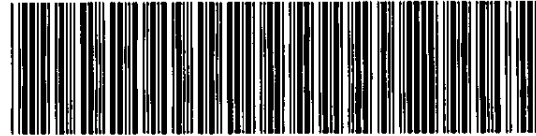
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800294011818

800294011818
01/11/17--01007--006 **25.00

JAN 12 2017
S. YOUNG

RECEIVED
DEPT. OF REVENUE
17 JAN 11 AM 11:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 11 AM 8:00

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Care MD, LLC

Signature _____

Requested by: _____

01/11/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

17 JAN 11 AM 8:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Care MD, LLC

(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:

Armando A. De Feria

(Contact Person)

(Firm/Company)

13087 Majestic Way

(Address)

Cooper City, Florida 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Armando A. De Feria, MD

(Name of Contact Person)

at (954) 392-7157

(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 11 AM 8:01



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: Care MD, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000151573

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/10/2017

4. I, Joaquin Mendez, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 11 AM 8:01