L13000154874

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE OF

11/29/15



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2014

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DOCTORS HOSPITALIST GROUP LLC 1150 CAMPO SANO AVE SUITE 420 CORAL GABLES, FL 33146 US

SUBJECT: DOCTORS HOSPITALIST GROUP LLC

Ref. Number: L13000154874

We have received your document for DOCTORS HOSPITALIST GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 314A00026727

www.sunbiz.org

COVER LETTER

TO: Registration Section	
Division of Corporations	
Kala La	2701210
SUBJECT: DOCATORS MOS	pitalist Droup, a
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing
The enclosed member, resignation of dissocial	non and rec(s) are submitted for ming.
Please return all correspondence concerning the	is matter to:
	,
lacenon Rodina	414
(Contract Powers)	JUD, HD
(Contact Person)	•
	; ;
(Firm/Company)	
160 Campo Sono A	we fello
(Address)	
Const tolors, 41.	33146
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Letingh Poduguzhi	at (805). U. W. S-MORF
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	•
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
STREET/COURLED ADDRESS.	MAH ING ADDRESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Cliften Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
	

U. Tallahassee, Florida 32301



SECRETARY OF STATE OF STATE OF CORPORATIONS
15 JAN 28 AM 9: 20

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:	octors Hi	spitali	st Broup UC
2. The Florida docu	ment/registration number	r assigned to this lim	ited liability company is:
L1300	20154 874	•	
3. The date this mer	mber/manager withdrew/i	resigned or will with	draw/resign is: 17/1/2014
4.1, Manue	1 Lopez M	. 1	ndraw/resign as a
(Print No	ame of Person Resigning)		•
Manas	er	_•	
	Print Title)		:
		the limited liability	company has been notified of my
resignation in wri	ting.		:
			
Signature of Dis	ssociating Member or Res	signing/Manager	
Filing Fee:	\$25.00 (Required)		i
Certified Copy:	\$30.00 (Optional)		
	· ·		
			•