

Division of Corporations

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L13000160845

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 918-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RMA ORLANDO MSO, LLC**

Certificate of Status	0
Certified Copy	1
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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: RMA ORLANDO MSO, LLC

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

L13000160845

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

12/09/2020
12/3/2020

4. I, ROY H. HINMAN, M.D., P.A., hereby withdraw/resign as a

(Print Name of Person Resigning)

MEMBER

(Print Title)

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

A handwritten signature in black ink, appearing to read "Roy H. Hinman M.D.", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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