

L14000014117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

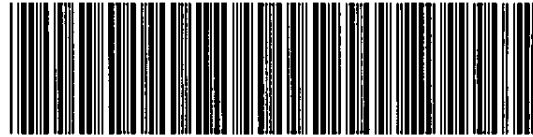
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/16/14--01022--012 **25.00

14 JUN 16 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

mlm
JUN 30 2015
T. LEMIEUX

JUNE 13th 2014

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

AMENDMENT SECTION

P.O. BOX 6327

TALLAHASSEE, FL 32314

RE: MEDICAL HEALTH MEDIA OPERATIONS, LLC.
L14000014117

DEAR SIRs:

PLEASE BE ADVISED I WAS LISTED AS AN OFFICER/DIR
OF MEDICAL HEALTH MEDIA OPERATIONS, LLC. WITHOUT
MY KNOWLEDGE OR APPROVAL

PLEASE REMOVE MY NAME AS A MEMBER OF
THE LLC.

THANK YOU.



(286) 350-1852

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL HEALTH MEDIA OPERATIONS, 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:

FRED DUKHAM
(Contact Person)

MEDICAL HEALTH MEDIA OPERATIONS, LLC
(Firm/Company)

1125 NE 125TH STREET
(Address)

NORTH MIAMI, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

FRED DUKHAM at ()
(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



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: MEDICAL HEALTH MEDIA OPERATIONS LLC

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

L14000014117

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/1/2014

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

MEMBER MANAGER
(Print Title)

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

APPROVED
AND
FILED
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