

U4-000044903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

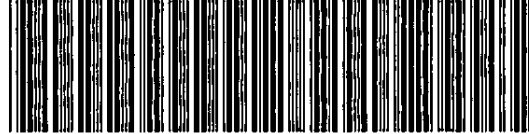
(Business Entity Name)

(Document Number)

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DEPT OF STATE
TALLAHASSEE, FLORIDA

FEB 01 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laboratory Management Solutions, 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:

Ernest B Fisher
(Contact Person)

Laboratory Management Solutions, LLC
(Firm/Company)

1558 Deer Creek Rd
(Address)

Osteen Fl 32764
(City/State and Zip Code)

For further information concerning this matter, please call:

Ernest B Fisher at (407) 721-3667
(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: Laboratory Management Solutions, LLC

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

L14 0000 44 903

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/15

4. I, Ernest B. Fisher, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

Ernest B. Fisher

Signature of Dissociating Member or Resigning Manager

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

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Tallahassee, Florida 32301

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Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Please
Stamp +
return in
enclosed
envelope
Thank You.



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Filing Fee: ☒ \$25.00 (Required)
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