

L14 0000 56980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

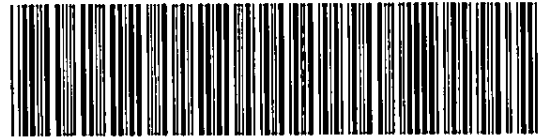
(Document Number)

Certified Copies _____

Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2018

YEZABELL FIGUEROA
6702 W LINEBAUGH AVE
TAMPA, FL 33625

SUBJECT: MUTUAL FAMILY HEALTH HOLDING LLC
Ref. Number: L14000056980

We have received your document for MUTUAL FAMILY HEALTH HOLDING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00021520

No \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUTUAL FAMILY HEALTH HOLDING 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:

YEZABELL M FIGUEROA

(Contact Person)

MUTUAL FAMILY HEALTH HOLDING LLC

(Firm/Company)

6702 W LINEBAUGH AVE

(Address)

TAMPA, FL 33625

(City/State and Zip Code)

For further information concerning this matter, please call:

ALVIN C. JONES

(Name of Contact Person)

at (813) 873-2464

(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: MUTUAL FAMILY HEALTH HOLDING LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000056980

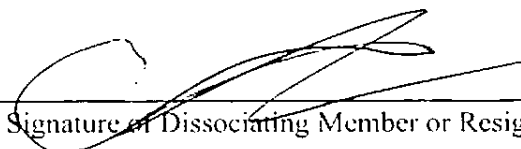
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/04/2018

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

MANAGER and MEMBER

(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)

NOTICE OF WITHDRAWAL FROM PARTNERSHIP


To: Partners of Mutual Family Health Holding, LLC

Aramis M. Falcon (the "Withdrawing Partner") of 5005 Dollarway C.T. Tampa, Florida 33625 is a partner in the partnership of Mutual Family Health Holding, LLC (the "Partnership") established on the 13th day of April, 2016 for the purpose of Real State Management and Medical Equipment Leasing formed in accordance with a partnership agreement (the "Partnership Agreement").

Aramis M. Falcon desires to voluntarily withdraw from the Partnership. The date of the withdrawal will be the 10th day of September, 2018.

With this document, the Withdrawing Partner gives 4 weeks notice of withdrawal in writing by personal hand delivery to the other partners at each partner's last known address.

The Partnership Agreement provides that the exclusive jurisdiction for the enforcement of this matter is the courts of the State of Florida.



Aramis M. Falcon

09/10/18

Received on - Date

09/10/18

Date



Partner Name