

L14000066532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

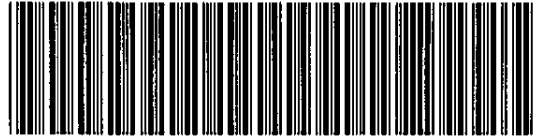
(Business Entity Name)

(Document Number)

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STATE OF ALA
DIVISION OF CORPORATIONS
14 AUG 25 AM 10:27

C. LEWIS
SEP 3 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broward Outpatient Urgent Care
(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:

Craig Bauer
(Contact Person)

Broward Outpatient Urgent Care
(Firm/Company)

151 S Andrews Ave, Suite 201
(Address)

Pompano Beach, FL 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig Bauer at (888) 646 2273
(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

14 AUG 25 AM 10:27

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: Broward Outpatient Urgent Care, LLC

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

L14000066532

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-21-14

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

MGR
(Print Title)

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

Cara Roek
Signature of Dissociating Member or Resigning Manager

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