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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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S. YOUNG

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TALLAHASSEE, FLORIDA
16 OCT 31 PM 5:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Physician Care, 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:

Patrick M. Reidy
(Contact Person)

(Firm/Company)

2180 Immokalee Rd #101
(Address)

Naples FL 34110
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick M. Reidy at 939 514 2225
(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

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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: Coastal Physician Care LLC

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

L14000169311

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/18/2016

4. I, Jeremy L. Darstek, hereby withdraw/resign as a
(Print Name of Person Resigning)

CEO / manager
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

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