

L14000178770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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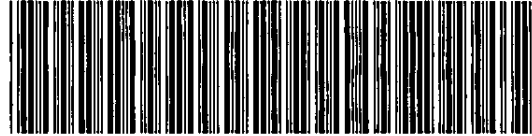
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 DEC -7 AM 11:08
TALLAHASSEE FLORIDA

DEC 08 2015
J. HARRIS

DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

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Suite 203
Plantation, Florida 33317

Telephone (954) 316-5033
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December 3, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re. Urgent Medical Billing, LLC
Number L14000178770
Filed November 18, 2014

Gentlemen

Please find enclosed herein Dissociation or Resignation of Member, Manager from LLC form. Kindly remove Christopher Walsh as a managing member of Urgent Medical Billing, LLC.

Our check in the amount of \$25.00 representing the Filing Fee for same is also enclosed.

A copy of this document has also been enclosed herein. Kindly acknowledge your receipt of same and forward the acknowledged copy to the undersigned in the envelope provided for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter.

Very truly yours,



DAVID J. SCHOTTENFELD

DJS/as
Encl



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: URGENT MEDICAL BILLING, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000178770

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Oct. 2015

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

Managing 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)

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