

L15 0000 51304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

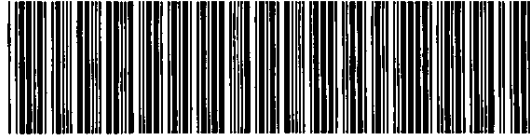
(Business Entity Name)

(Document Number)

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AUG 02 2016

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Next Generation MD 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:

Louis Woelfel  
(Contact Person)

Next Generation MD, LLC  
(Firm/Company)

4898 NW 76<sup>th</sup> Ct.  
(Address)

Ocala, FL 34482  
(City/State and Zip Code)

For further information concerning this matter, please call:

Louis Woelfel at ( 310 ) 621-7878  
(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: Next Generation MD LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000051304
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/15/2014
4. I, Esther Pichardo, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member  
(Print Title)

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

[Signature] 01/27/14  
Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG - 1 AM 10: 01

Re: Next Gen MD, LLC

Dear Dr. Pichardo:

This letter is a follow-up to our recent conversations and reflects the agreement reached regarding Next Gen MD, LLC (the "Company").

Commencing immediately, you have agreed to resign as a representative and/or manager of the Company. Additionally, you agreed to relinquish your twenty-five percent (25%) ownership in the company in exchange of receiving repayment of your initial \$5,000.00 contribution.

Although no formal certificates were issued, this letter shall confirm our agreement and understanding. Please let me know if this is in line with your understanding.

Sincerely,

David Singer

ACCEPTED AND AGREED:

Dated: 3/15/16

  
Dr. Pichardo

16 AUG -1 AM 10:01  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA