## L1500180579

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	<del>#</del> )	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates o	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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SECRETARY OF STATE

IAM 27 2016 BRUCE

## **COVER LETTER**

TO: Registration Section				
Division of Corpora	itions			
SUBJECT: SOUTH FLO	ORIDA HEALTH PL			4***
	(Name of Limited	Liability Com	pany)	
The enclosed member, resignation	gnation or dissociation	on and fee(s)	are submitted for filin	ng.
Please return all correspond	lence concerning this	matter to:		
D'FANA, LETICIA				
(Conta	act Person)		•	
SOUTH FLORIDA HEAL	TH PLANS LLC			د د
(Firm	(Company)			ACCEPTANCE OF THE PARTY OF THE
3855 SW 137 AVE Unit	6			SECRETARY
(Ad	ldress)			95.5
MIAMI, FL 33175				P 12:
(City/Stat	e and Zip Code)			至 至
For further information cor	ncerning this matter,	please call:		'S-
Leticia D'fana	at	786	608-3340	
(Name of Contact	<del> </del>	\	& Daytime Telephone 1	Number)
Enclosed please find a chee \$25 Filing Fee			epartment of State for Fee & Certified Copy	
STREET/COURIER AD	DRESS:		MAILING ADDRES	SS:
Registration Section Division of Corporations			Registration Section Division of Corporati	ions
Clifton Building			P.O. Box 6327	OHS
2661 Executive Center Cir	cle		Tallahassee, Florida 3	32314
Tallahassee, Florida 32301			·	

CR2E079 (2/14)



## 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)

	limited liability company as	it appears on the records of the Florida Departme	nt _·
2. The Florida doc	•	ssigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: 12/10/2015	_
4. I, Yoanka Delg	gado	, hereby withdraw/resign as a	
MGR	iume of Person Resigning)		
<del></del>	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been notified of m	ıy
Shows	alo		01.07
Signature of D	sociating Member or Resig	ning Manager	74 YA 74
Filing Fee:	\$25.00 (Required)	رمة من المناطقة المن	. • 3 -
Certified Copy:	\$30.00 (Optional)	m o	2 i