

L15000199983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

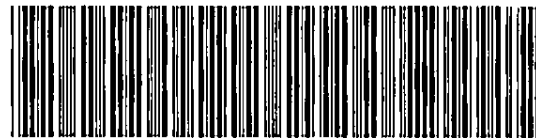
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300324530833

02/15/19 -01022--014 **55.00

FILED
19 FEB 15 PM 6:12
TALLAHASSEE, FLORIDA

FEB 20 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infectious diseases specialist of
(Name of Limited Liability Company)
Brevard LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nimesh Naik (100% owner in lieu of
(Contact Person) resignation of other
Infectious diseases member
(Firm/Company) specialist of Brevard LLC
5701 Rusack Drive
(Address)
Melbourne FL 32940
(City/State and Zip Code)

For further information concerning this matter, please call:

Nimesh Naik at (321) 750 658 9
(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



L15000199983

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: Infectious diseases specialist of
Brevard LLC

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

L15000199983

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/28/19

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

Managing member (SO. ownership)
(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) ✓

FILED
19 FEB 15 PM 6:12
TALLAHASSEE, FLORIDA