L16000008161

(Requestor's Name)
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COVER LETTER

-	gistration Section rision of Corporations				
SUBJECT	Next MD Management Services I	.L.C			
JOHOL CI	(Name of	(Name of Limited Liability Company)			
	ed member, resignation or diss				
Please retu	rn all correspondence concerni	ng this matter to			
Mark Shaw					
	(Contact Person)		 .		
Next MD Ma	inagement Services LLC				
	(Firm/Company)				
5818 NW 80	th Ave Rd				
	(Address)				
Ocala Fl, 3-1	182				
	(City/State and Zip Code)		_		
For further	information concerning this m	atter, please call	:		
Mark Shaw		404	932-8868)		
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)		
Enclosed p ■ \$25 Fili	lease find a check made payab ng Fee		Department of State for: ng Fee & Certified Copy		
Reg Div P.O	ling Address: gistration Section vision of Corporations D. Box 6327 Iahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, El. 32303		



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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 Departmen
of State is: Next	MD Management Service LLC
2. The Florida doc L16000008161	ument/registration number assigned to this fimited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. 1, Mark Shaw (Print 8)	, hereby withdraw/resign as a warm of Person Resigning)
Managing Memb	er
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)