

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L16000592SS**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMMANUEL SHEPPARD & COMPANY  
Account Number : 072720000035  
Phone : (850) 433-6581  
Fax Number : (850) 433-6162

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: they are the rake@gmail.com

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2016 OCT 24 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A&J MEDICAL TRANSPORTATION COMPANY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

D. SCOTT  
OCT 25 2016

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**RESIGNATION OF MANAGER FROM  
FLORIDA 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: **A&J Medical Transportation Company, LLC.**
2. The Florida document/registration number assigned to this limited liability company is: **L160000 59255.**
3. The date this manager withdrew is: **October 16, 2016.**
4. I, **Christopher B. Jones**, hereby withdraw as a Manager of this limited liability company and affirm the limited liability company has been notified of my withdrawal in writing.

  
\_\_\_\_\_  
Signature of Withdrawing Member

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

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16 OCT 24 PM 10:25  
SECRETARY OF STATE  
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