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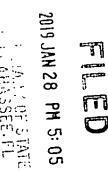
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	WMC HEALTH GROUP OF	KISSIMMEE	LLC
	(Name of Lir	nited Liability Cor	mpany)
The e	enclosed member, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Rom	y Jurado, Esq.		
	(Contact Person)		_
Jurac	do & Farshchian, P.L.		
	(Firm/Company)		_
1295	5 Biscayne Blvd. Suite 328		
	(Address)		_
North	n Miami, Florida 33181		
	(City/State and Zip Code)		_
For fu	urther information concerning this mat	ter, please call:	
Rom	y Jurado, Esq.	305	921.0440
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations on Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		

CR2E079 (2/14)



FILED

2019 JAN 28 PM 5: 05

5. ALL OF STATE TALLAHASSEE, FL

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)

	c limited liability company as i	t appears on the records of the Florida Department	
2. The Florida doc L1600007985		igned to this limited liability company is:	
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:	
4. I. (Print Name of Person Resigning)		hereby withdraw/resion as a	
(Print N	Name of Person Resigning)	, nervey withdrawnesign as a	
Manager			
-	(Print Title)		
of this limited lia resignation in wr		limited liability company has been notified of my	
Signature of D	issociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		