

Florida Department of State

Division of Corporations

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Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEAL MEDICAL CENTER I, LLC**

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Corporate Filing Menu

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H16000203272

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSDISSOCIATION 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: LEAL MEDICAL CENTER I LLC

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

L160002035883. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/15/20164. I, MARTA ROSA FERNANDEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)MGR

(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 ManagerFiling Fee: \$25.00 (Required)
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