

216000217214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

n BRUCE  
JAN 27 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medical United LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Shenker

Name of Person

Shenker Zacaress & Marks, LLP

Firm/Company

53 North Park Avenue, Suite 51

Address

Rockville Center, NY 11570

City/State and Zip Code

mjshenker@szm-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Shenker

516

536-7100

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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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 Department of State is: MEDICAL UNITED LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000212214

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/21/2016

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

MEMBER Pascal de Metz v.p.  
(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)

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