

COVER LETTER

TO: Registration Section Division
of Corporations

SUBJECT: VIDA BILLING SERVICES, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please
return all correspondence concerning this matter to:

Antonio Primo
(Contact Person)

(Firm/Company)

7239 NW 54 Street, Miami, FL 33166
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Primo at (305) 505-3070
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

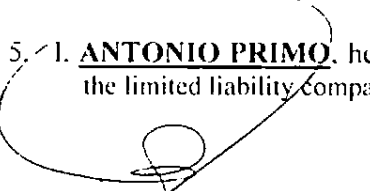
RESIGNATION OF MANAGER

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: **VIDA BILLING SERVICES, LLC.**
2. The Florida document number assigned to this limited liability company is: **L16000221527.**
3. The company is a manager – managed limited liability company with two managers.
4. The date this manager resigned or will resign is: **AUGUST 22, 2017.**
5. ✓ 1. **ANTONIO PRIMO**, hereby resign as a Manager of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Manager

17 AUG 22 AM 7:21
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA