

U 17000066536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

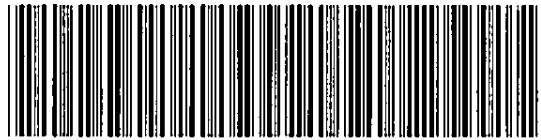
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Priority Healthcare Consultants

(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:

Renee Jones

(Contact Person)

Priority Healthcare Consultants

(Firm/Company)

1127 Royal Palm Beach Blvd Suite 184

(Address)

Royal Palm Beach / FL / 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

Renee Jones

at 561 260-7009

(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: Priority Healthcare Consultants.


2. The Florida document/registration number assigned to this limited liability company is:  
L17000066536.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/24/2024

4. I, Jason Greaves, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Chief Operating Officer  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Jason Greaves (Mar 25, 2024 10:54 EDT)

Signature of Dissociating Member or Resigning Manager

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

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SECTION OF  
TALLAHASSEE