

L17000088634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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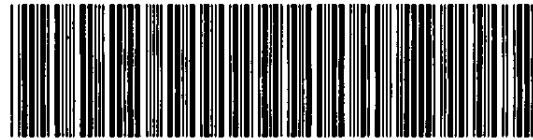
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR - 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergy Health Group Solutions, 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:

Robert Rappel, DO, JD

(Contact Person)

Rappel Health Law Group, PL

(Firm/Company)

601 21st Street, Suite 300

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel, DO, JD

(Name of Contact Person)

772 _____
at ()

778-8885

(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



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18 MAR -8 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SYNERGY HEALTH GROUP SOLUTIONS, LLC

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

L17000088634

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

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

Managing Member
(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)