

217000102265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

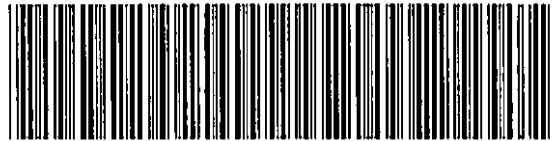
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900315581759

07/10/18--01008--019 \*\*55.00

FILED  
18 JUL 10 PM 1:56  
SOCIETY OF STAFF  
10000000000000000000

K. SALLY

JUL 20 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kidney Care Associates LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Syed Irfan Qadri

Name of Person

Kidney Care Associates

Firm/Company

117 W. Underwood St., Suite A

Address

Orlando, FL 32806

City/State and Zip Code

kidneycareassociatesllc@gmail.com

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

For further information concerning this matter, please call:

Syed Irfan Qadri, MD, FACI at ( 407 ) 866-2720

Name of Person

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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: Kidney Care Associates LLC

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

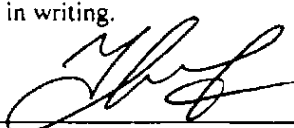
L17000102265

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/29/2018

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

Member of Kidney Care Associates  
(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)