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(City/State/Zip/Phone #)

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2022 JAN 6 AM 11:15

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solace Anesthesia, 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:

Nathan J. Foley
(Contact Person)

Solace Anesthesia LLC
(Firm/Company)

13019 South highway 475
(Address)

Ocala FL 34480
(City/State and Zip Code)

For further information concerning this matter, please call:

Nathan Foley at (352) 286-4715
(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: SOIACE ANESTHESIA, LLC

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

82-2300266

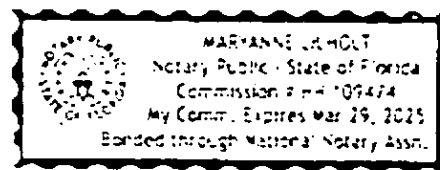
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/17/2021

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

OWNER
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager



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

Maryanne L. Holt
Maryanne L. Holt
12/17/2021
Personally Known