

L17000121807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

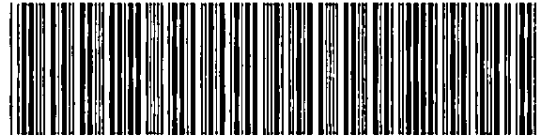
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400372931604

09:14/21--01096--003 ++55.00

RECEIVED

SEP 13 2021

2021 SEP 13 AM 10:39  
SECRETARY GENERAL  
TALLAHASSEE, FL  
FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VF Medical Billing & Consulting, 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:

Vincent Ferguson  
(Contact Person)

VF Medical Billing & Consulting, LLC  
(Firm/Company)

10008 CARLOWAY Hills Dr.  
(Address)

WIMAUMA, FL. 33598  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vincent Ferguson at (347) 468-5004  
(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: VF Medical Billing & Consulting, LLC

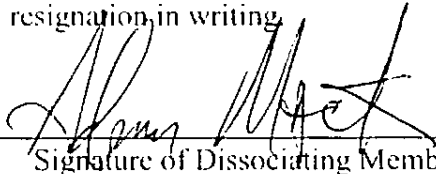
2. The Florida document/registration number assigned to this limited liability company is:  
L-17000121807

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2021

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

Authorized 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)