

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000266653 3)))



H17000266653ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOMESTEAD MEDICAL CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2017 OCT 10 PM 2:34

FILED

2017 OCT 10 A 9:54
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

OCT 11 2017

H17000266653

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: Homestead Medical Center LLC

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

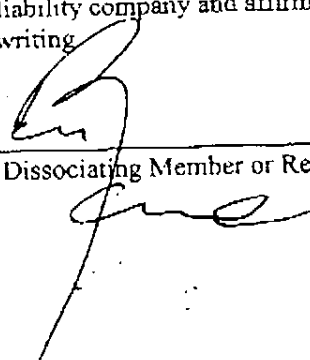
L17000159417

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/9/2017

4. I, Roberto Guerra Del Castillo, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(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:
Certified Copy:

H17000266653

FILED
2017 OCT 10 A 0:54
HOMESTEAD, FL 33454