# L17000216514

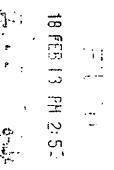
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### COVER LETTER \*

**TO:** Registration Section Division of Corporations

SUBJECT: RELIEF CLINIC FL, LLC	;	
	Limited Liability C	ompany)
The enclosed member, resignation or diss	sociation and fee	e(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to	o:
Kristen M. Jackson		
(Contact Person)		<del>_</del>
Jackson Law, PA		
(Firm/Company)		- <del></del>
5401 S. Kirkman Road, Ste 310		
(Address)		<del></del>
Orlando, FL 32819		
(City/State and Zip Code)		_
For further information concerning this m	natter, please cal	1:
Kristen M. Jackson	407 at (	363-9020
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## 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)

	e limited liability company a	as it appears on the records of the Flori	ida Depar	tment	
L1700021651	4	assigned to this limited liability compa		. 7	
4. I,	ember/manager withdrew/re evitt Name of Person Resigning)	esigned or will withdraw/resign is: 2	-	<u> 8</u>	
AMBR of this limited lia	(Print Title) ability company and affirm t	the limited liability company has been	notified.c	18 FEB	
	riting. Pissociating Member or Resi		E Constitution of the Cons	3 PH 2:51	•
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)