

L18000094264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

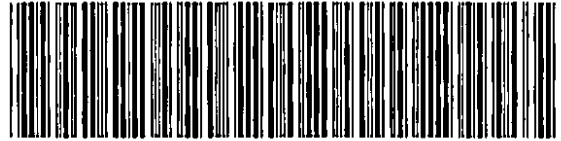
(Business Entity Name)

(Document Number)

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

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18 JUL 16 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Regenerative Medical Group Florida 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:

Shane Whiteley

(Contact Person)

RMG FL

(Firm/Company)

1400 SE Gold Tree Drive #105

(Address)

Port St. Lucie, FL 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

Shane Whiteley

(Name of Contact Person)

at ( 772 ) 207-7534

(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

**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



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)

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PM 4:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Regenerative Medical Group Florida, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000094264

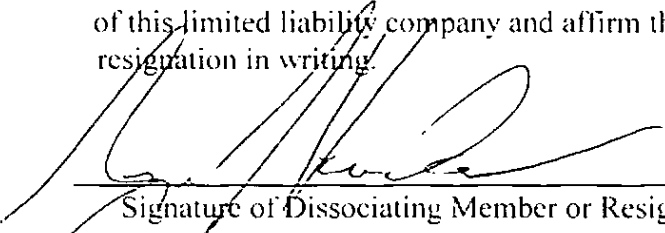
3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 2, 2018

4. I, Bryn J. Henderson, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Partner/Owner

*(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)