L18000167458

(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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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE HEALTH RECOVERY, 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:

RODNEY PRAT
(Contact Person)

/ ADVANCE HEALTH RECOVERY, LLC.
(Firm/Company)

8910 MIRAMAR PARKWAY, SUITE # 201
(Address)

MIRAMAR, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

RODNEY PRAT at (754) 281-2816
(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

CR2E079 (2/14)

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: ADVANCE HEALTH RECOVERY, LLC.

2. The Florida document/registration number assigned to this limited liability company is: L18000167458

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/15/2020

4. I, HAMLET RAIMUNDO HASSAN, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(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)

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SECRETARY OF STATE
TALLAHASSEE, FL

CR2E079 (2/14)