

118 0001486361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

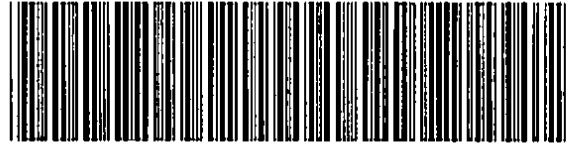
(Business Entity Name)

(Document Number)

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

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2022 APR 21 PM 1:50

SEBASTIAN COUNTY  
TALLAHASSEE, FL

gr 10/11/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MSH Health Services 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:

Brent Olsavsky

\_\_\_\_\_  
(Contact Person)

MSH Health Services LLC

\_\_\_\_\_  
(Firm/Company)

303 Lake Victoria Circle

\_\_\_\_\_  
(Address)

Melbourne, FL 32940

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brent Olsavsky

\_\_\_\_\_  
(Name of Contact Person)

at (704) 912-7842  
\_\_\_\_\_  
(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

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2022 APR 21 PM 1:50

SECRET  
TALLAHASSEE, FL

**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: MSH HEALTH SERVICES LLC

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

L18000186361

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2021

4. I, Joseph T Kilmer, Jr, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

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)