

L18000254635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

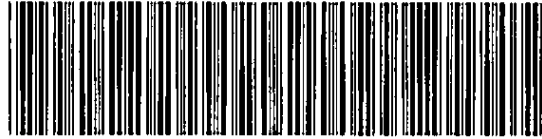
(Business Entity Name)

(Document Number)

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

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mem. filing



2020 MAR -9 PM 1:32

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2020

JONATHAN ALEXANDER  
ARCTIC HEALTH SOLUTIONS, N.A. LLC  
13648 JONQUIL PLACE  
WELLINGTON, FL 33414

SUBJECT: ARCTIC HEALTH SOLUTIONS, N.A. LLC  
Ref. Number: L18000254635

We have received your document and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE PRINTOUT PROVIDED SHOWS THE TITLES OF THE AUTHORIZED PERSONS IN THE COMPANY. PLEASE AMEND YOUR DOCUMENT ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 820A00002208

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arctic Health Solutions, NA 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:

Jonathan Alexander

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

Arctic Health Solutions, NA LLC

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

13648 Jonquil Place

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

Wellington, FL 33414

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

For further information concerning this matter, please call:

Jonathan Alexander

561

358-1328

at ( )

\_\_\_\_\_  
(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



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: Arctic Health Solutions, NA.LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000254635

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/01/19

4. I, Phil Jones, hereby withdraw/resign as a  
(Print Name of Person Resigning)

ABMR

(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)