

L190000 54190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

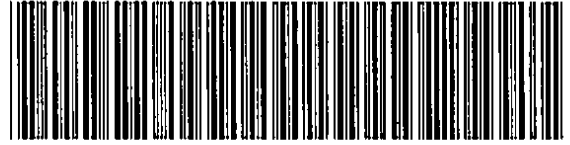
(Business Entity Name)

(Document Number)

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2019 APR -9 P @ 1b

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APR 17 2019

T. LEMIEUX

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MediPro Health 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:

Tamika Gonzalez  
\_\_\_\_\_  
(Contact Person)

MediPro Health LLC  
\_\_\_\_\_  
(Firm/Company)

581 N. Park Avenue #4128  
\_\_\_\_\_  
(Address)

Apopka, FL 32704  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tamika Gonzalez at (\_\_\_\_\_) 646 707-1471  
\_\_\_\_\_  
(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

**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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Medipro Health LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000054190

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/01/2019

4. I, Carlos Gonzalez, 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)

FILED  
2018 APR -9 P 03 16  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS