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T. LEVINSKY

APR 16 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zampogna Healthcare 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:

Gianpietro Zampogna  
(Contact Person)

Zampogna Healthcare, LLC  
(Firm/Company)

7122 Sugar Magnolia Ct  
(Address)

Naples, FL 34109  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gianpietro Zampogna at (239) 595-8289  
(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: Zampogna Healthcare, LLC

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

L19000078956

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/3/19

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

MGR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2019 APR -8 PM 4:15  
TALLAHASSEE, FLORIDA

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