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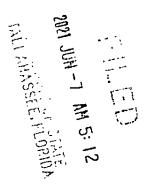
(Requ	estor's Name)			
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PICK-UP	MAIT	MAIL		
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(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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110.

COVER LETTER

Registration Section

TO:

Division of Corporations Platinum Medical Administration LLC SUBJECT: (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: Johnathan Genao (Contact Person) Platinum Medical Administration LLC (Firm/Company) 5318 W Crenshaw St (Address) Tampa, FL 33634 (City/State and Zip Code) For further information concerning this matter, please call: Johnathan Genao (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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)

	limited liability company as it	t appears on the records of the	: Florida Department
	num Medical Administration LLC		
2. The Florida docs	ument/registration number assi	igned to this limited liability c	company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is	01/01/2020 s:
4. I, Johnathan Genac			
Authorized Person	· -		
	(Print Title)		i
of this limited lial resignation in wr	bility company and affirm the iting.	limited liability company has	been notified of my
100) Dewo		SS: -
Signature of Di	ssociating Member or Resigni	ng Manager	AM 5: 13
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Dr. ω