

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SOMERSET CORPORATE SERVICES
Account Number : I20160000077
Phone : (305) 655-3425
Fax Number : (305) 442-9047

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ay@lubellrosen.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MY EMERGENT CARE, LLC**

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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: MY EMERGENT CARE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000130224

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/08/2019

4. I, MY URGENT CARE, LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

V E Ponce / AG
Signature of Dissociating Member or Resigning Manager

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

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