

L19000161560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

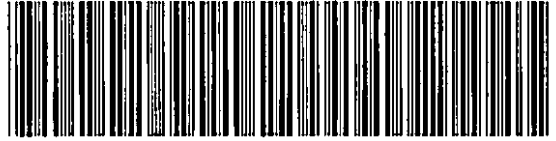
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2021 OCT 20 PM 3:45
SECRETARY OF STATE
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERALD MEDICAL CENTER 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:

Marguerite Bragg

(Contact Person)

Emerald Medical Center

(Firm/Company)

17240 Tamiami Trail S. Ste. 3

(Address)

Fort Myers, Florida , 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

Maggie Bragg

(Name of Contact Person)

716 572-5980
at (_____) _____
(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

FILED

2021 OCT 20 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: EMERALD MEDICAL CENTER LLC

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

119000161560

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/14/2021

4. I, Donald William Ketterhagen, hereby withdraw/resign as a
Donald William Ketterhagen
Donald William Ketterhagen
(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.

Donald William Ketterhagen
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)