## L19000220128

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(Cit	y/State/Zip/Phone	· #)				
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## **COVER LETTER**

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJI	ECT:	Medport Support Services,Llc.		
		(Name of	Limited Liability Co.	mpany)
The en	closed	I member, resignation or diss	ociation and fee(	s) are submitted for filing.
Please	return	all correspondence concerni	ng this matter to:	
Michael	l Aub			
		(Contact Person)		_
Medpor	t Suppe	ort Services,Llc.		
		(Firm/Company)		_
14234 F	Pondhar	wk Lane		
		(Address)	•	_
Tampa .	. Fl 336	525		
		(City/State and Zip Code)		<del>-</del>
For fur	rther i	nformation concerning this m	atter, please call:	
Brittney	/ Aub		813 at (	335-9094
	(N	lame of Contact Person)		e & Daytime Telephone Number)
Enclos	ed ple	ease find a check made payab	le to the Florida I	Department of State for:
<b>\$25</b>	Filin	g Fee	□ \$55 Filin	g Fee & Certified Copy
	<u>Maili</u>	ng Address:		Street Address:
	_	stration Section		Registration Section
		sion of Corporations		Division of Corporations
	_	Box 6327		The Centre of Tallahassee
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
				rananassee, fl bzbyb



## 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)

	e limited liability company as		ls of the Florida Departmen		
2. The Florida doc L19000220128	ument/registration number as	ssigned to this limited lia	ability company is:		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/r	resign is:		
4. I, Simon Aub	lame of Person Resigning)	, hereby withdraw/resign as a			
Officer	· · · · · · · · · · · · · · · · · · ·				
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm th	e limited liability compa	any has been notified of my		
S	Aub.				
Signature of D	issociating Member or Resig	ning Manager			
	\$25.00 (Required) \$30.00 (Optional)		FILED  NO SEP 25 P 3  NILLAHASSEEL FLORE		