

L19000 227 062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

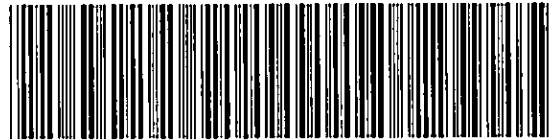
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Y SULKER

NOV 27 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2019

DAPA HEALTH, LLC  
7875 NW 57 STREET #25405  
TAMARAC, FL 33320

SUBJECT: DAPA HEALTH, LLC  
Ref. Number: L19000227062

We have received your document for DAPA HEALTH, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 719A00022730

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAPA HEALTH, 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:

Garry B. Louima, Esq.

\_\_\_\_\_  
(Contact Person)

First Step Legal Solutions, PLLC.

\_\_\_\_\_  
(Firm/Company)

7875 NW 57 Street #25405

\_\_\_\_\_  
(Address)

Tamarac, Florida 33320

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Garry B. Louima, Esq.

\_\_\_\_\_  
(Name of Contact Person)

at ( 954 ) 600-0651

\_\_\_\_\_  
(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: DAPA HEALTH, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000227062

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

4. I, Andy Duclos, hereby withdraw/resign as  
*(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.

Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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