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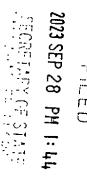
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , , |
| (Danyanat Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

| то: | Registration Section Division of Corporations | | | |
|---------------|---|--|--|--|
| | MEDSTOP, LLC | | | |
| SUBJ | (Name of Limited Liability Company) | | | |
| The e | nclosed member, resignation or dis- | sociation and fee(s) are submitted for filing. | | |
| Please | e return all correspondence concern | ing this matter to: | | |
| Tusha | ar Desai, Esq. | | | |
| | (Contact Person) | | | |
| Desai | Law Group, P.A. | | | |
| | (Firm/Company) | | | |
| 19161 | last Robinson Street | | | |
| | (Address) | | | |
| Orland | lo, FL 32803 | | | |
| | (City/State and Zip Code) | | | |
| For fu | orther information concerning this n | natter, please call: | | |
| Tushaa | ar Desai | 407 895-8707 at () | | |
| | (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | |
| Enclo | sed please find a check made payah | ole to the Florida Department of State for: | | |
| = \$2: | 5 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | |
| | Mailing Address: | Street Address: | | |
| | Registration Section | Registration Section | | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303 | | |





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)

| of State is: MEDS | | |
|--|--------------------------|--|
| 2. The Florida docu 4.19000275952 | iment/registration numb | er assigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew | /resigned or will withdraw/resign is: September 25, 2023 |
| NINETTE GEOI | RGI | , hereby withdraw/resign as a |
| | ame of Person Resigning) | |
| AMGR, Authorize | ed Representative | |
| | (Print Title) | _ ' |
| of this limited liab resignation in wri | • • | m the limited liability company has been notified of my |
| Signature o (Di : | ssoothing Member or R | esigning Manager |
| | | |
| | \$25.00 (Required) | |