## 119000276215

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



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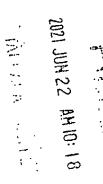
## **COVER LETTER**

| TO:  |  | stration Section<br>ion of Corporations  |                 |  |  |
|--|--|--|-----------------|--|--|
| SUBJ   | ECT:   | EXPRESS MOBILITY CARE, LLC   |                 |  |  |
| 0020   |  | (Name of Limited Liability Company)  |                 |  |  |
| The er   | nclosed  | d member, resignation or dissocia  | tion and fee(s  | ) are submitted for filing.  |  |
| Please   | return   | all correspondence concerning t  | his matter to:  |  |  |
| JOSE E   | B. BERI  | DECIA  |                 |  |  |
|  |  | (Contact Person)   |                 | -  |  |
| EXPRESS MOBILITY CARE, LLC   |  |  |                 |  |  |
| -  |  | (Firm/Company)   | _               | •  |  |
| 6305 O   | SPREY  | LAKE CIRCLE  |                 |  |  |
|  |  | (Address)  |                 | _  |  |
| RIVER  | VIEW,  | FL 33758   |                 |  |  |
|  |  | (City/State and Zip Code)  |                 | _  |  |
| For fu   | rther i  | nformation concerning this matte   | r, please call: |  |  |
| JOSE E   | B. BERI  | DECIA  | 787<br>at (     | 307-7795   |  |
|  | (N   | lame of Contact Person)  | (Area Code      | & Daytime Telephone Number)  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  ☐ \$25 Filing Fee |  |  |                 |  |  |
|  | Regineral Regine | ng Address:<br>stration Section<br>sion of Corporations<br>Box 6327<br>shassee, FL 32314 |                 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |

CR2E079 (2/14)







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| of State is:   EXPRESS MOBILITY CARE, LLC  |
|--|
| 2. The Florida document/registration number assigned to this limited liability company is:  L19000276215                   |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/15/2021                                    |
| 4. I, JOEDY A. BERDECIA, hereby withdraw/resign as a   |
| VICE PRESIDENT   |
| (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  |
| Signature of Dissociating Member or Resigning Manager  |
| Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Optional)  |