

9/28/22, 2:22 PM

Division of Corporations

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: W. Scott Turnbull, Esquire  
 Account Name : CRARY, BUCHANAN, BOWDISH, ET AL  
 Account Number : 076424001425  
 Phone : (772)233-4602  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: turnbull@crarybuchanan.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**VALANT MEDICAL, P.L.L.C.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

C. BRUMBLEY  
 SEP 28 2022

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VALANT MEDICAL, PLLC

(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:

Robert Rappel, DO, JD

(Contact Person)

RAPPEL HEALTH LAW GROUP, PL

(Firm/Company)

601 21st Street Ste 300

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel, DO, JD

(Name of Contact Person)

at (772) 559-0089  
(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

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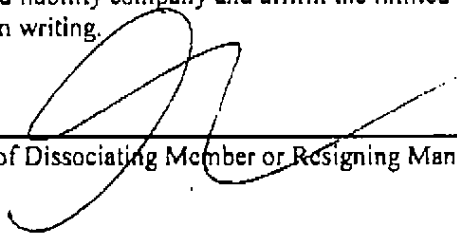
DB

**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: Valant Medical, PLLC
2. The Florida document/registration number assigned to this limited liability company is:  
L20000078806
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/20/2022
4. I, Gregory Francis, D.O., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member Manager  
*(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 ManagerFiling Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)