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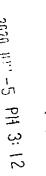
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## COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: KZM Health LLC	
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Kristen Morris	
(Contact Person)	·
KZM Health	
(Firm/Company)	<del></del>
238 Barbados Dr	
(Address)	
Jupiter, FL 33458	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Kristen Morris	561 309-2886 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Tarrante e e i de la	Tallahassee, FL 32303



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## 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)

	limited liability company as it appears on the records of the Florida Department  Health LLC
2. The Florida docu L20000140363	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. 1, David J Morris	, hereby withdraw/resign as a lame of Person Resigning)
AMBR	
<del></del>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	S25.00 (Required) S30.00 (Optional)