L20000383610

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phon	e #)		
PICK-UP WAIT	MAIL		
(Business Entity Nar	me)		
(Document Number)	,		
,			
Certified Copies Certificates	s of Status		
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Special Instructions to Filing Officer:			





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11.



Colleen Haley, Paralegal Direct Dial: 973,200,6381 chaley/a dmklawgroup.com

April 14, 2021

Via Federal Express
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Zenith Oncology Registration No. L20000383610

Dear Sir/Madam:

Enclosed please find the following documents for the resignation of Rachel Wellner as member of Zenith Oncology LLC:

- 1. Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company and Cover sheet; and
- 2. Check in the amount of \$25.

Thank you for your assistance in this matter.

If you have any questions concerning the attached, please feel free to call me at (973) 200-6381.

Very truly yours

/s/ Colleen Haley

Colleen Haley, Paralegal

Enclosure



COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	ZENITH ONCOLOGY LLC		
ochobe i.	(Name o	of Limited Liability Co.	mpany)
The enclosed	d member, resignation or di	ssociation and fee(s) are submitted for filing.
Płease return	all correspondence concer	ning this matter to:	
Shawn R. McC	Clelland, Esq.		
	(Contact Person)		_
Donnelly Mint	ter & Kelly, LLC		
	(Firm/Company)		_
163 Madison A	Avenue, Suite 320		
	(Address)		_
Morristown, N	IJ 07960		
	(City/State and Zip Code)		_
For further in	nformation concerning this	matter, please call:	
Shawn R. McC	Clelland	973 at (200-6384
(N	lame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	rase find a check made paya g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

CR2E079 (2/14)



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 a	• •	·	
	ument/registration number a			
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	March 16, 2021	
4. I, Rachel Wellner	I, Rachel Wellner , hereby withdraw/resign as a (Print Name of Person Resigning)			
(Print 8	(ame of Person Resigning)	,		
Member				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability compan	y has been notified of my	
Popa	_		2021 APR 20 SECRETARY TALLAHASS	
Signature of D	issociating Member or Resig	gning Manager	AM A TI	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		R 20 PM 3: 0. ASSEE, FLORID	