

120 000 394 605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900381452169

02/11/22--01022--018 **55.00

FILED
2022 FEB 11 AM 11:45
CLERK
SECRET

C. BRUMBLEY

FEB 22 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hudson Medical LLC
(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:

Rebecca Lindo
(Contact Person)

(Firm/Company)

8540 SW 214th Way
(Address)

Cotler Bay FL 33189
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Lindo at (305) 926-8525
(Name 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

☒ \$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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HUDSON Medical LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000394605

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/27/2021

4. I, Rebecca Lindo, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2022 FEB 11 AM 11:45
TALLAHASSEE, FL