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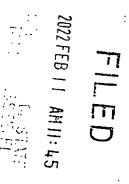
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Office Use Only



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C. BRUMBLEY FEB 2 2 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hopson 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 214 way
Cotter BAY FL 33189 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 926 - 9525 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\text{\$25} Filing Fee} \text{\$\text{\$Certified Copy}} \end{align*}\$

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

CR2E079 (2/14)



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)

1. The name of the	e limited liability company a	as it appears on the records of	of the Florida De	epartment
of State is:	HUDSON	Medical	LLC	
2. The Florida doc	ument/registration number	assigned to this limited liabi	ility company is:	1
L200	200394	<u>60</u> 5		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/res	ign is: <u>12 2</u>	7/2021
4. I, Rebec	Same of Person Resigning)	hereby withdraw/res	sign as a	
AMBI	(Print Title)			
of this limited lia resignation in wr	ibility company and affirm t	he limited liability company	y has been notifi	ed of my
	- Leun			
Signature of D	issociating Member or Resi	gning Manager		2022
Filing Fee:	\$25.00 (Required)			7788
Certified Copy:	\$30.00 (Optional)			
			,	
				5