

1210000050677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

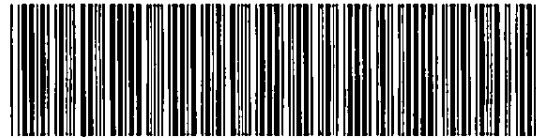
(Business Entity Name)

(Document Number)

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Filing Office  
JAN 20 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A + A Concierge Medical Services  
(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:

AMANDA EREL  
(Contact Person)

A + A Concierge Medical Services  
(Firm/Company)

5201 SW 31<sup>st</sup> AVE, UNIT 235  
(Address)

FT. LAUDERDALE, FL 33312  
(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA EREL at ( 305 ) 915-0008  
(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: A & A Concierge Medical Services

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

L21000050677

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/2021

4. I, Ashley Diner, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AR

*(Print Title)*

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

Ashley Diner  
Signature of Dissociating Member or Resigning Manager

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

2022 JUN 20 4:11:56  
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