

K21000 113385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

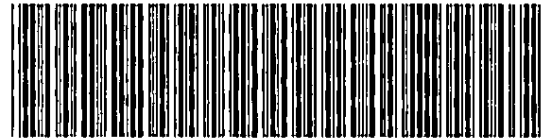
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 MAR 28 PM 5:35
SECRET

O SIMMONS
MAR 31 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAR 28 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL

March 17, 2022

KARLA BENJAMIN
8770 NW 18TH ST
CORAL SPRINGS, FL 33071

SUBJECT: INTUITIVE MEDICAL STAFFING, LLC
Ref. Number: L21000113385

We have received your document for INTUITIVE MEDICAL STAFFING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NEED DATE MEMBER/MANAGER WITHDREW/RESIGNED FROM ENTITY

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 622A00006318

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intuitive Medical Staffing 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:

Karla Benjamin
(Contact Person)

Intuitive Medical Staffing LLC
(Firm/Company)

8770 NW 18th Street
(Address)

Coral Springs, FL 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Karla Benjamin at (561) 779-5807
(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



2022 MAR 28 PM 5:35

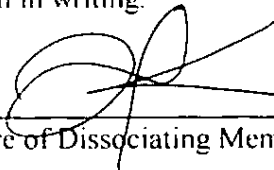
SECRET

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: Intuitive Medical Staffing, LLC
- 2. The Florida document/registration number assigned to this limited liability company is: L21000113385
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3-28-22
- 4. I, Kenneth Dorvil, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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