

K21 000750018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

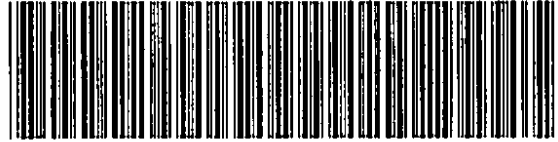
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

MAR 25 2022

Office Use Only



400382728824

03/11/22--01032--003 **25.00

FILED
2022 MAR 11 AM 9:44
SECRETARY OF STATE
FALL ASSETT, VT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 24 HOUR HEALTH COVERAGE, 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:

(Contact Person)

24 HR CLAIMS, LLC

(Firm/Company)

5924 SHERIDAN ST# 1037

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCOIS, JEAN at (954) 494-4439
(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

FILED
2022 MAR 11 AM 9:44
SECRETARY OF DEFENSE
FALL ANNUAL REPORT
ER FROM
ANY

**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: 24 HOUR HEALTH COVERAGE, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L21000250018.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/02/2022
4. I, Jesse Tabango, hereby withdraw/resign as a
(Print Name of Person Resigning)
Title MGR
(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)