## 421000298327

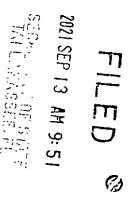
(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	HealthCare Spot. LLC		
		nited Liability Co	ompany)
The e	nclosed member, resignation or dissoc	iation and fee(	(s) are submitted for filing.
Pleas	e return all correspondence concerning	this matter to	:
Eric J	Nieves		
	(Contact Person)		
Health	Care Spot, LLC		
	(Firm/Company)		_
258 E.	. Altamonte Dr. Suite 1000		
	(Address)		_
Altam	onte Springs, Fl 32701		
	(City/State and Zip Code)		_
For fi	urther information concerning this mat	ter, please call	:
Eric J	Nieves	407 at (	459-0785
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclo	osed please find a check made payable	to the Florida	Department of State for:
<b>\$</b> \$2	25 Filing Fee	□ \$55 Filir	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L21000298327	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: 09/06//2021
Wolter Salfart		, hereby withdraw/resign as a
Manager	ame of terson Resigning	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
	V	2021
_	\$25.00 (Required)	SEF 7
Certified Copy:	\$30.00 (Optional)	