12/000385495

(Re	equestor's Name)	
(Ad	dress)	
(Ád	idress)	
(Ćit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer.	
	J DENNIS	
	JUL 2 8 2023	

Office Use Only



600408680636

05/22/23--01011--016 **25.00

2023 MAY 22 AM 11: 02 .

SECRETARY OF STALE

COVER LETTER

Registration Section TO: Division of Corporations ER MEDICAL TESTING LLC SUBJECT: (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: OMAR J ESQUIVEL (Contact Person) (Firm/Company) 5438 LOCKWOOD RIDGE RD (Address) **BRADENTON FL 34203** (City/State and Zip Code) For further information concerning this matter, please call: 941 OMAR ESQUIVEL at (___ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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	s it appears on the records of the Flo	orida Depa	artment
2. The Florida doc	ument/registration number a	assigned to this limited liability comp	pany is:	
	ember/manager withdrew/res	ousigned or will withdraw/resign is:	¥28/2023	
4. I, $\frac{\text{ERIKA ROJAS}}{(Print)}$	lame of Person Resigning)	, hereby withdraw/resign as a		
MEMBER	·			
of this limited lia resignation in w	iting.	he limited liability company has bee	n notified	l of my
Signature of D	issociating Member or Resig	gning Manager	~3	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2023 MAY 22	FILEC SHURETARY O