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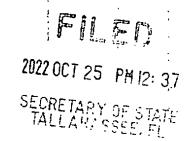
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COVER LETTER

Division of Corporations GRAND MEDICAL CENTER AND RESEARCH CLINIC 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: YISEL RIVERO (Contact Person) GRAND MEDICAL CENTER AND RESEARCH CLINIC LLC (Firm/Company) 11861 SW 18 STREET, UNIT 4 (Address) MIAMI, FL 33175 (City/State and Zip Code) For further information concerning this matter, please call: YISEL RIVERO (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee 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 32314 Tallahassee, FL 32303

TO: Registration Section





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)

	d Medical Center and Research Clinic LLC ument/registration number assigned to this limited liability company is:
L21000420969	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
What Dioses	
(Print)	, hereby withdraw/resign as a large of Person Resigning)
Managing Memb	21
	(Print Little)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
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