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(Re	equestor's Name)	
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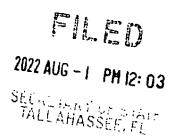
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COVER LETTER

_	tration Section ion of Corporations		
SUBJECT:	CANNACARE MEDICAL GRO	OUP 1.1.C	
Sobone I.	(Name of	Limited Liability Co	mpany)
The enclosed	member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return	all correspondence concerr	ning this matter to:	:
Thomas Maniot	tis, Esq.		
	(Contact Person)		_
Equity Legal, P	LLC		
	(Firm/Company)		_
1317 Edgewate	r Drive, Ste. 690		
	(Address)		_
Orlando, FL 32	804		
	(City/State and Zip Code)		_
For further in	formation concerning this i	matter, please call	:
Thomas Manior	tis	321 at (313-8642
(N:	ame of Contact Person)		e & Daytime Telephone Number)
•	ase find a check made paya		•
■ \$25 Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy
<u>Mailin</u>	g Address:		Street Address:
Regis	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	3ox 6327 nassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
ranar	1888CC, FL 32314		Tallahassee, FL 32303







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 i	t appears on the records of the Florida Department
of State is: CAN	NACARE MEDICAL GROUP LLC	:
2. The Florida docu L22000003388	ument/registration number ass	igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is: July 22, 2022
4. I		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Member and Regi	stered Agent	
-	(Print Title)	
resignation in we	irting.	limited liability company has been notified of my
Signature of Di	ssodiating Member or Resigni	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	