

122 0000 35080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

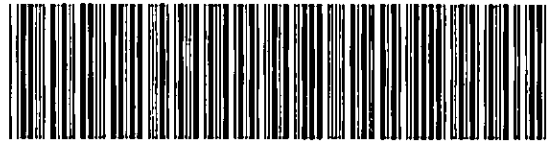
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2022 OCT 18 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 SEP 13 AM 11:24

September 20, 2022

EVGENIA HULDISCH  
3029 NE 188TH ST #923  
AVENTURA, FL 33180

SUBJECT: EMS HEALTH LLC  
Ref. Number: L22000035080

We have received your document for EMS HEALTH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 022A00020950

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMS Health 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:

ILia Kogan  
(Contact Person)

EMS Health  
(Firm/Company)

3029 NE 188th Street Apt 923  
(Address)

Aventura, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

ILia Kogan at (212) 729 8913  
(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



FILED

2022 OCT 18 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FL

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EMS Health LLC

2. The Florida document/registration number assigned to this limited liability company is:

L22000035080

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

06/07/22

4. I, Evgenia Huldish, hereby withdraw/resign as a

(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Evgenia Huldish

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

# **Meeting Minutes for EMS Health LLC meeting**

## **MEETING DETAILS.**

Date: **06/07/2022** Time: **10:00 AM**

Location:

## **ATTENDEES.**

Evgenia Huldish, AMBR; Ilia Kogan, AMBR

## **OTHER ITEMS.**

**Item #1:** Evgenia Huldish, AMBR - Notice of Resignation

Details: Evgenia Huldish announced that she was resigning from EMS Health, LLC. effective 6/7/22 and transferring 51% of the ownership in EMS Health, LLC. to Ilia Kogan, AMBR.