

122000053207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600383242286

03/29/22--01035- 001 \*\*35.00

FILED

2022 MAR 29 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FL

g 4/13/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Monarch Healthcare Associates 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:

Sheree Leppinen

\_\_\_\_\_  
(Contact Person)

Monarch Healthcare Associates LLC

\_\_\_\_\_  
(Firm/Company)

5002 Dory Drive

\_\_\_\_\_  
(Address)

New Port Richey Florida 34652

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheree Leppinen

727 692-8882  
at ( )

\_\_\_\_\_  
(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

*\$35 per the website*

**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



1 of 2

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: Monarch Healthcare Associates LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.22000083207

3. The date this member/manager withdrew/resigned or will withdraw/resign is: February 28, 2022

4. I, Alisha Lashon Grimage, 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.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2022 MAR 29 PM 3:44  
SECOND FLORIDA STATE  
TALLAHASSEE, FL