12000083207

(Requestor's Name)	_
(Address)	-
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
<u></u>	_
Special Instructions to Filing Officer:	
	_

Office Use Only



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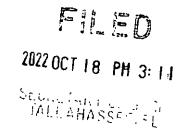
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2022 OCT 18 PM 3: 1

COVER LETTER

TO: Regis	stration Section		•	
Divis	sion of Corporations			
SUBJECT:	Monarch Healthcare Associates,	LLC		
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to:	:	
Angelika Purk	is			
	(Contact Person)			
Prescribed Hea	aling, Inc.			
	(Firm/Company)			
11837 State Ro	oad 52			
	(Address)		_	
Hudson Florid	a, 34669			
 ·	(City/State and Zip Code)		_	
For further is	nformation concerning this r	natter, please call	:	
Angelika Purk	is	727 at (510-9239)	
(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclosed plo	ease find a check made payat	ole to the Florida	Department of State for:	
□ \$25 Filin			g Fee & Certified Copy	
Maili	ng Address:		Street Address:	
	stration Section		Registration Section	
	sion of Corporations		Division of Corporations	
	Box 6327		The Centre of Tallahassee	
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810	
			Tallahassee, FL 32303	





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 it appears on the records of the Florida Department reh Healthcare Associates, LLC
2. The Florida doc 1.22000083207	ument/registration number assigned to this limited liability company is:
3. The date this mo	mber/manager withdrew/resigned or will withdraw/resign is:
Angelika Purkis	hereby withdraw/resign as a
(Print N	, hereby withdraw/resign as a large of Person Resigning)
Authorized Memb	per (AMBR)
·	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Donachila	Pinkia
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)