

L22000109315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

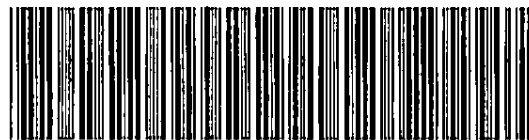
(Business Entity Name)

(Document Number)

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

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11/28/22--01031--008 \*\*55.00

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CLERK OF COURT  
HALL COUNTY, FL

*Handwritten signature*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REVOLUTION CLINICAL TRIALS, 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:

GILBERTO PEREZ-HORTA

(Contact Person)

REVOLUTION CLINICAL TRIALS, LLC

(Firm/Company)

8302 NW 103RD STREET, SUITE 201

(Address)

HIALEAH GARDENS, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

GILBERTO PEREZ-HORTA

(Name of Contact Person)

at ( 305 ) 335-5770

(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

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2022 NOV 28 AM 8:33  
CLERK OF CIRCUIT COURT  
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: REVOLUTION CLINICAL TRIALS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000109315

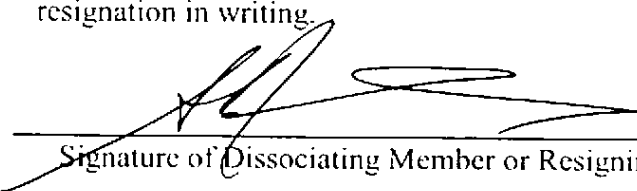
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-21-2022

4. I, SURISADAY RONES, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(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 NOV 28 AM 8:33  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS