

L22 000 44 6513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

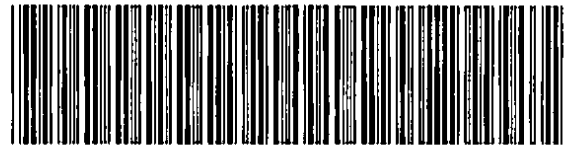
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

A. RIVERS

MAR 15 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite Medical Ocala  
\_\_\_\_\_  
(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:

Eldon Waters

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

Elite Medical Ocala

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

2801 SW College Rd STE 16

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

Ocala, FL 34474

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

For further information concerning this matter, please call:

Eldon Waters

\_\_\_\_\_  
(Name of Contact Person)

at 540 6495161  
( )

\_\_\_\_\_  
(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



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: Elite Medical Ocala, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000446513

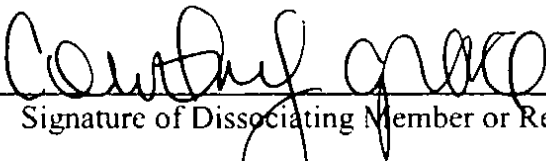
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/24/2022

4. I, Courtney N. Grace, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Registered Agent, 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  
2023 JAN -9 AM 11:20  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA