123000/46376

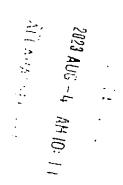
(Requestor's Name)						
(Address)						
(Address)						
· ,						
(City/State/Zip/Phone #)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(======, ===,						
(Document Number)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
3						





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09/04/23--01016--025 **25.00





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 on Medical LLC
		ment/registration number assigned to this limited liability company is:
	L23000146376	
3. 1	The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I	Danissia Tomorria	
4. 1	·,(Print N	, hereby withdraw/resign as a ame of Person Resigning)
	Manager	
		(Print Title)
	f this limited liab	pility company and affirm the limited liability company has been notified of my ting.
	Signature of Di	ssociating Member or Resigning Manager
	ing Fee: rtified Copy:	\$25.00 (Required) \$30.00 (Optional)

COVER LETTER

TO:	Regis	stration Section		
	Divis	tion of Corporations		
SUBJ	ECT:	Solution Medical LLC		
		(Name of Limit	ed Liability Cor	npany)
The en	nclosed	l member, resignation or dissocia	tion and fee(s	s) are submitted for filing.
Please	return	all correspondence concerning t	nis matter to:	
Russell	Zelinks	sy		
		(Contact Person)		_
Solution	n Medio	cal LLC		
		(Firm/Company)		_
3601 W	/ Comm	nercial Blvd Suite 33		
		(Address)		_
Ft. I.au	derdale.	FL 33309		
		(City/State and Zip Code)	* *** · ··	_
For fu	rther ii	nformation concerning this matte	r, please call:	
Russell	Zelinsl	ху	786 at (774-0388
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclos	sed plo	ease find a check made payable to	the Florida I	Department of State for:
≡ \$25	5 Filing	g Fee	☐ \$55 Filing	g Fee & Certified Copy
	Mailir	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