

L23000224902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

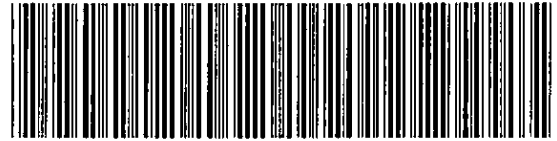
(Business Entity Name)

(Document Number)

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

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Resignation or  
dissociation of

10/13/24--10/14/24--10/15/24

member/manager

2024 OCT 11 PM 1:02  
CLERK OF STATE  
RECEIVED

FILED

A. RAMSEY

OCT 14 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIQUE HEALTH INSURANCE AGENCY, 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:

RUTH E MARTE

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

CAPITAL TAX & FILING SOLUTIONS LLC

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

375 N STATE RD 434 STE 2208

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

ALTAMONTE SPRINGS, FL 32714

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

For further information concerning this matter, please call:

RUTH E MARTE

863

599-9894

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

**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



FILED

2024 OCT 11 PM 1:02

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: UNIQUE HEALTH INSURANCE AGENCY, LLC

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

L23000224902

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/20/2024

4. I, JENNYBETH ORTIZ, 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.

JENNYBETH ORTIZ

Signature of Dissociating Member or Resigning Manager

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