

L23000283890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

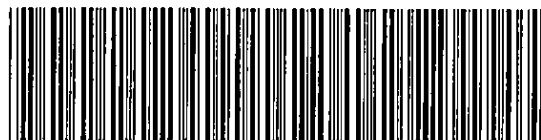
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
SEP - 6 2024

Office Use Only



000435550360

08/30/24--01026--028 ++25.00

FILED
2024 AUG 30 PM 3:18
CLERK OF COURT
JANUARY 10 2024



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 AUG 30 PM 3:18
FIDELITY & SURETY
CORPORATION

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

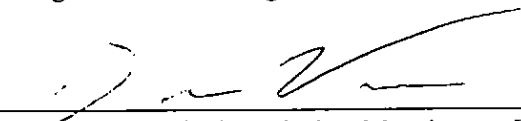
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HEIGHTENED HEALTH INSURANCE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000283890

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/23/2024

4. I, Dominic Vitagliano, 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)