

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

Office Use Only



000277217450

09/22/15--01004--017 \*\*250.00



SEP 22 2015

& NOTING



## 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)

	limited liability company as burg-Ocala Heart Institute	it appears on the records of the Building, LLC	e Florida Department
L98000002642	2	ssigned to this limited liability	
3. The date this me 4. I, David J. Dod	mber/manager withdrew/res	igned or will withdraw/resign i	s: 8/19/15
(Print N	ame of Person Resigning)	, hereby withdraw/resign	as a
Member			
!	(Print Title)		
of this limited lial resignation in wri	• •	e limited liability company has	s been notified of my
_	Third J. Dues		58e à
Signature of Di	ssociating Member or Resig	ning Manager	
_	\$25.00 (Required) \$30.00 (Optional)		FILED SEP 22 PM 5: 2 ETARY OF STATE HASSEE, FLORIO