

# M120000067013

(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:

Office Use Only



800341571908

03/04/20--01018--003 \*\*25.00

RECEIVED  
2020 MAR -4 PM 12:57  
TALLAHASSEE, FLORIDA

FILED  
20 MAR -4 PM 1:14  
TALLAHASSEE, FLORIDA

MAR 04 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REGIONAL HEALTH PARTNERS, 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:

JORGE PEREZ  
(Contact Person)

Regional Health partners, LLC  
(Firm/Company)

13595 SW 134<sup>th</sup> Ave, suite # 209  
(Address)

Miami, FL - 33186  
(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE PEREZ at (305) 858 5580  
(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



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: VUPPALAPU RAVI RAJ

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

M 120 000 070 13

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/28/2020

4. I, VUPPALAPU RAVI RAJ, hereby withdraw/resign as a  
(Print Name of Person Resigning)

C.E.O

(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  
20 MAR -4 PM 1:14  
DIVISION OF CORPORATIONS  
FLORIDA