## M1900000 3642

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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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C. GOLDEN AUG 2 3 2020

## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	EVOLVE HEALTH, L.IC.		
50B03C11		Limited Liability C	Company)
The enclosed	d member, resignation or diss	ociation and fed	e(s) are submitted for filing.
Please return	n all correspondence concerni	ng this matter to	o:
Paul Burkhart,	. Esq.		
	(Contact Person)		
The Law Offic	ces of Paul J. Burkhart, P.L.		
· · ·	(Firm/Company)		
800 Village So	quare Crossing		
	(Address)		
Palm Beach G	iardens, FL 33410		
<del></del>	(City/State and Zip Code)		<del></del>
For further i	nformation concerning this m	natter, please ca	II:
Paul Burkhart	, Esq.	561 at (	880-0155
(1)	Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed ple	ease find a check made payab	de to the Florida	a Department of State for:
□ \$25 Filin			ing Fee & Certified Copy
Maili	ing Address:		Street Address:
Regi	istration Section		Registration Section
	sion of Corporations		Division of Corporations
	Box 6327 ahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rang	anassee, fl 32314		Tallahassee, FL 32303

CR2E079 (2/14)



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## 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 a	s it appears on the records of the Florida Department
2. The Florida doct M19000003642	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: October 1, 2019
4. I. Evan Chaim Stahl (Print Name of Person Resigning)		
President		
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Even (. Signature of D	Hara ( issociating Member or Resi	gning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30,00 (Optional)	