

L14 000137007

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

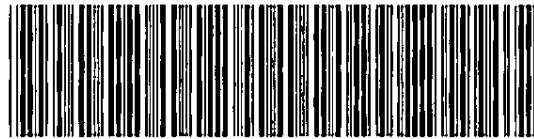
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2021 APR 22 PM 5:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations

SUBJECT: Naples Medical Devices, 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:

David Lewin

(Contact Person)

(Firm Company)

501 Las Tunas

(Address)

Arcadia, CA 91007

(City State and Zip Code)

For further information concerning this matter, please call:

David Lewin

626

221-6559

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



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: Naples Medical Devices, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000137007

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 1, 2020

4. I, David Lewin, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager/Member  
*(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)

CR2E079 (2/14)

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA