

L06000034210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

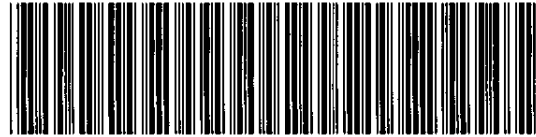
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 14 PM 3:29

T. HAMPTON

APR 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ralph J. Tullo, MD

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ralph J. Tullo, MD

(Contact Person)

(Firm/Company)

7025 CR 46A, Ste.1071, #517

(Address)

Lake Mary, Florida 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Ralph J. Tullo, MD

(Name of Contact Person)

at (407) 833-8378

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 APR 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 26, 2008

RALPH J TULLO MD
7025 CR 46A
STE 1071 # 517
LAKE MARY, FL 32746

SUBJECT: MEDICAL SPA AT BHI LLC
Ref. Number: L06000034210

We have received your document for MEDICAL SPA AT BHI LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00058565



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 1 MEDICAL SPA AT BHI LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L06000034210

4. I, Ralph J. Tullo, MD, hereby resign as a Owner/Medical Director
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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