

L10000060258

Victor Lopez DE Mendoza

(Requestor's Name)

3661 S. Miami Ave

(Address)

Unit 901

(Address)

Miami, FL 33133

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

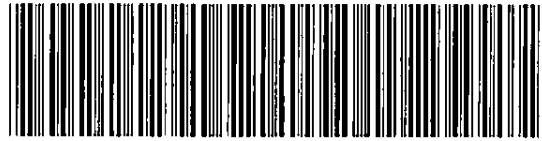
(Business Entity Name)

(Document Number)

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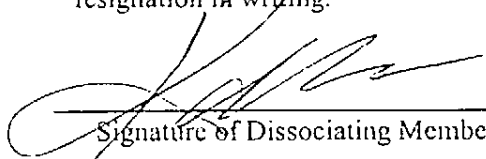


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: VICTOR LOPEZ DE MENDOZA, M.D., PLLC
2. The Florida document/registration number assigned to this limited liability company is:  
L10000060258
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/15/2023
4. I, KATIA LOPEZ DE MENDOZA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(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)

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