

**L13000144398**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

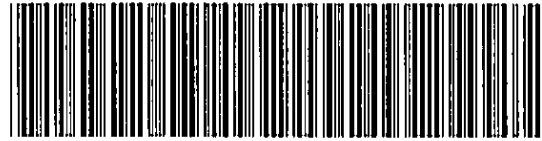
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**900341978809**

03/10/20--01030--004 \*\*25.00

MAR 25 2020  
S. YOUNG

CLERK OF SUPERIOR COURT  
JANUARY 1, 2020

2020 MAR 10 AM 7:20

**FILED**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 825 MEDICAL BUILDING LLC, a Florida limited liability company  
\_\_\_\_\_  
(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:

ALEXANDER BORELL, ATTORNEY AT LAW

\_\_\_\_\_  
(Contact Person)

LAW OFFICES OF ALEXANDER BORELL

\_\_\_\_\_  
(Firm/Company)

319 CLEMATIS STREET, SUITE 200

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

WEST PALM BEACH, FL 33401

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDER BORELL

561 766-1452  
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



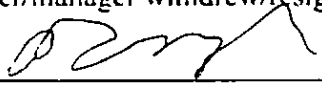
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: Florida

2. The Florida document/registration number assigned to this limited liability company is:  
L13000144398

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/14/2020

4. I, Roberto E. Cruz , hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(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**  
2020 MAR 10 AM 7:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32399



LAW OFFICES OF  
**ALEXANDER E. BORELL**

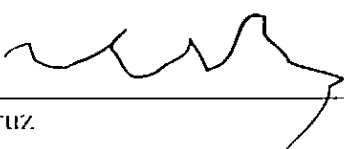
MIAMI LAKES  
7975 NW 154 STREET  
SUITE 480  
MIAMI LAKES, FL 33016  
305.514.0500 OFFICE

MAIN OFFICE  
319 CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401  
561.766.1452 OFFICE

**Dissociation or Resignation of Member, Manager  
from Florida Limited Liability Company  
and Assignment of Interest Thereof**

I, Roberto E. Cruz, hereby withdraw/resign as a Member/Manager of 825 Medical Building, LLC, document number L13000144398, as of February 14, 2020.

I assign any and all interest I have in said Company to my wife and co-member of the Company, Darlene Cruz, effective February 14, 2020.

  
\_\_\_\_\_  
Roberto E. Cruz

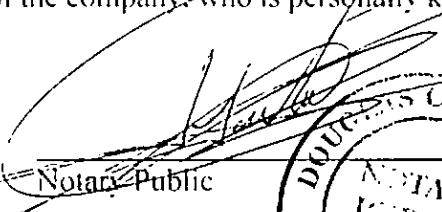
Feb / 14 / 2020  
\_\_\_\_\_  
Date

COUNTRY OF \_\_\_\_\_

PROVIDENCE OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 14 day of February, 2020, by Roberto E. Cruz, as Managing Member of 825 Medical Building, LLC, a Florida Limited Liability Company, on behalf of the company, who is personally known to me or has produced \_\_\_\_\_ as identification.

[Notary Seal]

  
\_\_\_\_\_  
Notary Public

Name typed, printed or stamped  
My Commission Expires \_\_\_\_\_

