

L17 0000 27469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

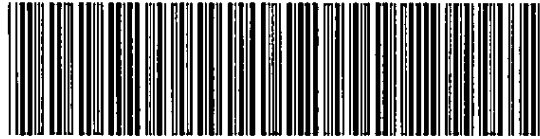
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/18--01039--008 ++25.00

18 JUN 11 12:17:49
CLERK OF COURT
JUN 11 2018

LEGGETT
JUN 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachside Medical
(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:

Felice Lindenbaum
(Contact Person)

Beachside Medical
(Firm Company)

10275 Collins Ave #317
(Address)

Bal Harbour, FL 33154
(City/State and Zip Code)

For further information concerning this matter, please call:

Felice Lindenbaum at (917) 817-8904
(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

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

**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: Beachside Medical LLC

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

L17000027469

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/6/18

4. I, Nicole Kanni, hereby withdraw/resign as a
(Print Name of Person Resigning)

COO

(Print Title)

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

[Signature]

Signature of Dissociating Member or Resigning Manager

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

18 JUN 11 PM 12:49
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA