

**L17000032149**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

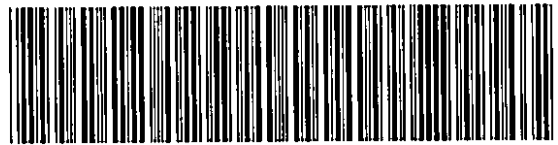
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



**800321164468**

11/30/18--01023--010 \*\*25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2018

ALEXANDER BEDERMAN  
1055 S FEDERAL HWY  
HOLLYWOOD, FL 33020

SUBJECT: MIAMI OBGYN INSTITUTE, LLC  
Ref. Number: L17000032149

We have received your document for MIAMI OBGYN INSTITUTE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter date member withdrew/resigned from entity

Please return 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) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 518A00024972

2019 JAN 13 11:10:14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI OBGYN INSTITUTE, 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:

Alexander Bederman

(Contact Person)

c/o Myron E. Siegel, P.A.

(Firm/Company)

1055 S. Federal Highway

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Myron Siegel

(Name of Contact Person)

at 954 703-1619

(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: MIAMI OBGYN INSTITUTE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000032149

3. The date this member/manager withdrew/resigned or will withdraw/resign is: resign 12/31/2018

4. I, Alexander Bederman, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(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)