

L17000212392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

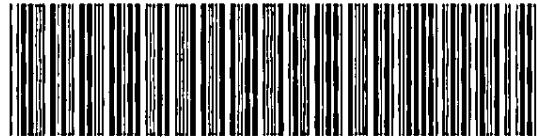
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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R. WHITE  
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**SUNLIFE PEDIATRIC NETWORK, INC.**

10051 Pines Blvd., Suite A, Pembroke Pines, FL 33024  
Telephone: 954-889-4029 Fax: 954-589-5138

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November 5, 2019

Florida Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: Fraudulent Filing by Sunlife Solutions, LLC  
Doc. #: L17000212392

To Whom It May Concern:

Enclosed is a Dissociation or Resignation of Member form signed by me.

I stopped my association with Sunlife Solutions, LLC on July 15, 2019.

This is a fraudulent filing as Sunlife Pediatric Network, Inc is not presently associated with Sunlife Solutions, LLC. They also stole my identity.

Please correct this fraudulent filing as soon as possible.

Thank you for your cooperation with this matter.

If you have any questions, or need additional information, please contact my office.

Best regards,

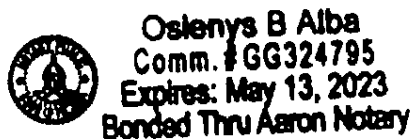


Dr. Mario Zambrano  
President of Sunlife Pediatric Network, Inc.

SWORN and SUBSCRIBED on this 6th day of November 2019.



Osleny B. Alba, State of Florida Notary



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunlife Solutions, 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:

Dr. Mario Zambrano  
\_\_\_\_\_  
(Contact Person)

Sunlife Pediatric Network, Inc.  
\_\_\_\_\_  
(Firm/Company)

10051 Pines Blvd., Suite A  
\_\_\_\_\_  
(Address)

Pembroke Pines, FL 33024  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Mario Zambrano                      954              889-4029  
\_\_\_\_\_  
(Name of Contact Person)              at (\_\_\_\_\_)              (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



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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: Sunlife Solutions, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000212392

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 30, 2019

4. I, Dr. Mario Zambrano, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Pres. of Sunlife Pediatric Network, Inc.  
*(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)