

LIB 00000 9258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

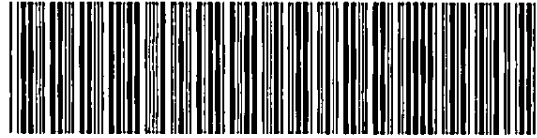
(Business Entity Name)

(Document Number)

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FEB 20 2019  
S. YOUNG

19 FEB 15 PM 6:14  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ormond Beach Medical Weight Loss  
\_\_\_\_\_  
(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:

Nicole Morris  
\_\_\_\_\_

(Contact Person)

Ormond Beach Medical Weight Loss  
\_\_\_\_\_

(Firm/Company)

1400 Hand Av, Suite L  
\_\_\_\_\_

(Address)

Ormond Beach, FL 32174  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Morris                      386              310-7462  
\_\_\_\_\_ 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

**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: Ormond Beach Medical Weight Loss

2. The Florida document/registration number assigned to this limited liability company is:  
L18000009258

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11 Feb 2019

4. I, Dany Obeid, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(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  
19 FEB 15 PM 6:14  
TALLAHASSEE, FLORIDA