

L18 0000 83388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

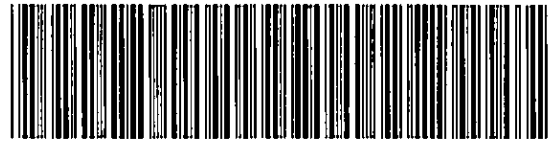
(Business Entity Name)

(Document Number)

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

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2020 MAR 31 PM 3:34  
ALBRIGHTON

Resignation

APR 15 2020

ALBRIGHTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARK SPINE CENTER, 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:

MATTHEW FONG

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

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

1221 E ROBINSON ST

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

ORLANDO, FL 32801

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

For further information concerning this matter, please call:

MATTHEW FONG

\_\_\_\_\_  
(Name of Contact Person)

at ( 321 ) 274-3287

\_\_\_\_\_  
(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



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TALLAHASSEE, FLORIDA

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: PARK SPINE CENTER, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000083388

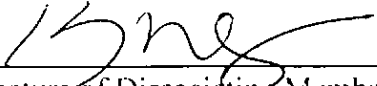
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/30/2020

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

MEMBER & AUTHORIZED MEMBER

*(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)