

L18000155775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

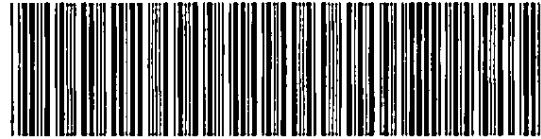
(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUL 23 14 7:49
STATE
CLERK

8/11/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pura Vida Varadero Medical 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:

Carlos Garcia
(Contact Person)

Centers of Medical Excellence
(Firm/Company)

7925 NW 12th ST #201
(Address)

Doral, FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Garcia at (305) 874-3909
(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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2023

CARLOS GARCIA
7925 NW 12TH STREET #201
DORAL, FL 33126

SUBJECT: PURA VIDA VARADERO MEDICAL CENTER LLC
Ref. Number: L18000155775

We have received your document for PURA VIDA VARADERO MEDICAL CENTER 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 a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 523A00012660



2023 JUN 23 AM 7:49

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: Pura Vida Varadero Medical Center, LLC

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

L18000155775

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/1/23

4. I, Pedro Caro, 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]
Signature of Dissociating Member or Resigning Manager

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