

L18000258562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

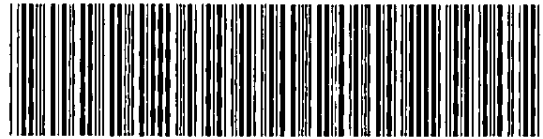
(Document Number)

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

Special Instructions to Filing Officer:

Dissociation or Resignation  
Member

Office Use Only



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10/24/24--01021--015 \*\*75.00

2024 OCT 24 AM 8:37  
FILED  
TALLAHASSEE, FL

AB

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Side by Side Behavioral Health 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:

Scott Alan Orth

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

Law Offices of Scott Alan Orth, P.A.

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

3860 Sheridan Street, Suite A

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

Hollywood, FL 33021

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

For further information concerning this matter, please call:

Scott Alan Orth

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

at ( 305 ) 757-3300  
\_\_\_\_\_  
(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

2024 OCT 24 AM 8:37

**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: Side by Side Behavioral Health LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000258562

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/30/24

4. I, Paula V. Nunez Galetto, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR/MBR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Paula V. Nunez Galetto*  
Signature of Dissociating Member or Resigning Manager

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



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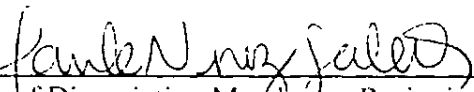
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Signature of Dissociating Member or Resigning Manager

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