

L19000040666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAY 17 2019

R. WHITE  
MAY 17 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELITE AESTHETICS & NUTRITION MEDSPA, 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:

JOSE J. CASTANEDA,MS.PA

(Contact Person)

ELITE AESTHETICS & NUTRITION MEDSPA, LLC

(Firm/Company)

10796 PINES BLVD SUITE 201B

(Address)

PEMBROKE PINES, FLORIDA 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE J. CASTANEDA,MS.PA

(Name of Contact Person)

at ( 305 ) 6106511

(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: ELITE AESTHETICS & NUTRITION MEDSPA, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L 19000040666

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04-17-2019

4. I, RAMON GUTIERREZ, MD, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

D (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)