

L190000062831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

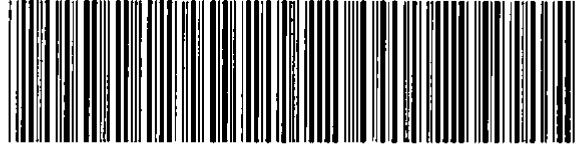
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATE AFFAIRS

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09/01/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHYSIQUE MEDICAL, 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:

Lana Goldberg

(Contact Person)

Physique Medical, LLC

(Firm/Company)

8629 Lewis River Road

(Address)

Delray Beach, FL 33346

(City/State and Zip Code)

For further information concerning this matter, please call:

Lana Goldberg

561

445-5478

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

**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

2023 SEP - 1 PM 12:40

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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: PHYSIQUE MEDICAL LLC

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

LI9000062831

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 29, 2023

4. I, Paul Goldberg, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR (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)

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA