

120 000048507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

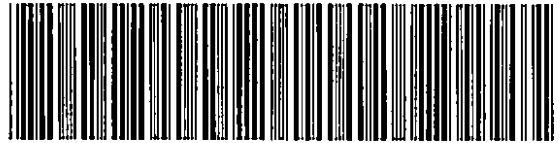
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/21/20 -01002 -010 *\$55.00

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AUG 20 2020

FILED
2020 AUG 20 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FL

JG 10/07/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALUTEM MEDICAL GROUP,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:

ESPERANZA ARCE NUNEZ
(Contact Person)

SALUTEM MEDICAL GROUP
(Firm/Company)

13701 SW 88 ST , SUITE 306
(Address)

MIAMI, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

ESPERANZA ARCE NUNEZ at 786 452-6858
(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

**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: SALUTEM MEDICAL GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.20000048507

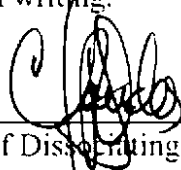
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/18/2020

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

AMBR

(Print Title)

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

 08/18/2020
Signature of Dissociating Member or Resigning Manager

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

Removed: Claudia Prats From 8/18/2020



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