

h21 000043669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 DEC 19 AM 9:32  
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1211 20/2021  
1211 20/2021



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BONITA BEACH 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:

BOGDAN - GABRIEL COZMUTA  
(Contact Person)

BONITA BEACH MEDICAL GROUP LLC  
(Firm/Company)

3421 BONITA BEACH ROAD UNIT 406  
(Address)

BONITA SPRINGS, FLORIDA, 34134  
(City/State and Zip Code)

For further information concerning this matter, please call:

BOGDAN - GABRIEL COZMUTA at (239) 888-9858  
(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: BONITA BEACH MEDICAL GROUP L.L.C.

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

L 21000043669

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-7-2022

4. I, SANDRA GIRALDO, 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 of Dissociating Member or Resigning Manager

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