

h21 000132246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

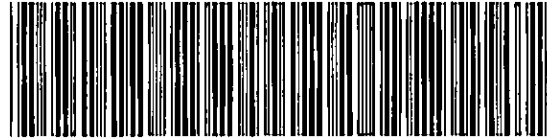
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700371314337

2021 AUG 16 AM 9:00  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Myo-Therapy 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:

Selina Carrero-Lipson  
(Contact Person)

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

1201 NW 123 Terrace  
(Address)

Pembroke Pines FL 33026  
(City/State and Zip Code)

For further information concerning this matter, please call:

Selina Carrero-Lipson at (954) 778-6878  
(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)

FILED  
2021 AUG 16 AM 9:00  
STATE  
TALLAHASSEE

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Florida Myo-Therapy LLC

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

L210001322416

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/12/2021

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

member / manager  
(Print Title)

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

Janice Gonzalez  
Signature of Dissociating Member or Resigning Manager

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