

L22 000003388

(Requestor's Name)

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(City/State/Zip/Phone #)

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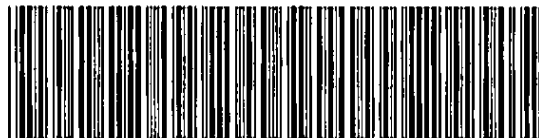
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SEAL OF THE STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CANNACARE 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:

Thomas Maniotis, Esq.

\_\_\_\_\_  
(Contact Person)

Equity Legal, PLLC

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

1317 Edgewater Drive, Ste. 690

\_\_\_\_\_  
(Address)

Orlando, FL 32804

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Maniotis

321 313-8642  
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

