

L22000036770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

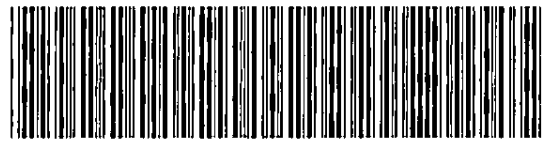
(Document Number)

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2023 DEC 18 13:11:21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: Nexus Spine Group  
(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:

Angelo Rubano, Jr.  
(Contact Person)

(Firm/Company)

112 N 12th St Unit 2101  
(Address)

Tampa, FL 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angelo Rubano Jr. at (239) 398-2572  
(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: Nexus Spine Group, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000036770

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/14/2022

4. I, Angelo Rubano, Jr., hereby withdraw/resign as a  
(Print Name of Person Resigning)

member  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

**Angelo M Rubano, Jr D.C.**

**112 N 12<sup>th</sup> St**

**Unit 2101**

**Tampa, FL 33602**

**(239)398-2572**

**doctorajr@gmail.com**

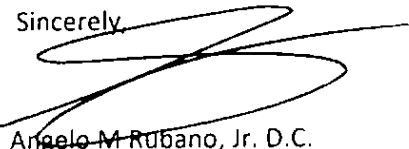
December 8, 2023

Re: Disputed Membership in Nexus Spine Group, LLC

To Whom It May Concern.

It has come to my attention that my name was added as a member to the entity Nexus Spine Group, LLC. ( Document number : L22000036770) on 6/14/2022. This was not authorized by me. I have submitted a Dissociation or Resignation of Member, Manager Form with the effective date of withdrawal as 6/14/2022. I have enclosed that form along with this letter and the fee of \$25 for the change. Please note that I dispute the membership in this organization occurred at all.

Sincerely,



Angelo M Rubano, Jr. D.C.

2023 DEC 18 PM 11:21