

h220000207097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

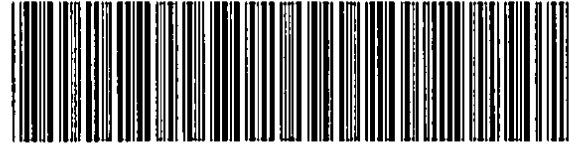
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10/1/2021
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CLERK OF COURT
TALLAHASSEE, FLORIDA

2022 MAY 23 PM 2:29

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hallandale Beach Dental 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:

Michael Jacobs

(Contact Person)

Hallandale Beach Dental Group

(Firm/Company)

2100 E Hallandale Beach Blvd, Ste 305

(Address)

Hallandale Beach, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Jacobs

(Name of Contact Person)

at (954) 205-4166

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee already ref 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: Hallandale Beach Dental Group LLC

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

422000207097

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-1-22

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

VP
(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)

FILED
2022 MAY 23 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA