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\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

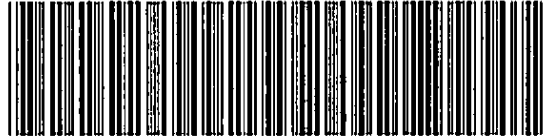
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2009-04-03 AM 10:25  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADONAI HEALTHCARE SERVICES 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:

Francisco Tollinche  
(Contact Person)

ADONAI HEALTHCARE SERVICES LLC  
(Firm/Company)

5979 nw 151 STSUITE 102 F  
(Address)

MIAMI LAKES, FL 33014  
(City/State and Zip Code)

For further information concerning this matter, please call:

Francisco Tollinche at (305) 686-5516  
(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2023 JUN -3 AM 10:25  
TALLAHASSEE, FL

**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: ADONAI HEALTHCARE SERVICES LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L22000458209
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/24/2022
4. I, Bianca Gonzalez, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Vice President  
*(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)