

L23 0000 46756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

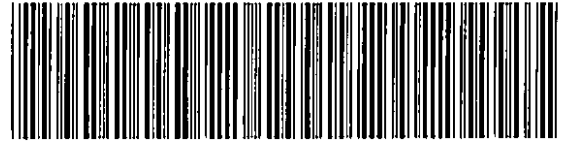
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellness & Concierge Care of the Palm Beaches, LLC FIN 92-1938736
(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:

~~Evelio Sardina~~ Evelio E. Sardina
(Contact Person)

Evelio E. Sardina
2/20/2023

Wellness & Concierge Care of the Palm Beaches
(Firm/Company)

1814 Valencia Gardens Ave
(Address)

Palm Beach Gardens, FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

Evelio Sardina at 314 276-0712
(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: Wellness & Concierge Care of the Palm Beaches SIN 92-1938736

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

L23000046756

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/29/2023

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

Owner/managing partner:

(Print Title)

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

Amanda Graham

Amanda Graham

Signature of Dissociating Member or Resigning Manager

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

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2023 APR 24 AM 8:51
STATE
DIVISION OF CORPORATIONS

Refund 6/28/23

EVELIO E. SARDIÑA, M.D., Ph.D.		4532
11814 VALENCIA GARDENS AVE		
PALM BEACH GARDENS, FL 33410		
DATE	4/20/2023	
PAY TO THE ORDER OF	Florida Department of Health	\$ 30.00
	1021 DOLLARS	
JPL/Longun Chase Bank, NA		
MEMO: Resignation AG 1009		
77082017211532		