

L23 000 281 078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

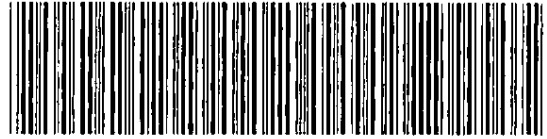
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/27/23--01/01/24--0007 \*\*55.00

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LONGEVITY MEDICAL CENTERS 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:

Garrett Weinstein

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

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

5400 S. University Drive Suite 402

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

Davie, Florida 33328

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

For further information concerning this matter, please call:

Garrett Weinstein

at ( 305 ) 450-2952

\_\_\_\_\_  
(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: LONGEVITY MEDICAL CENTERS LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000281078

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/20/2023

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

Manager

(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)