

L23000550599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

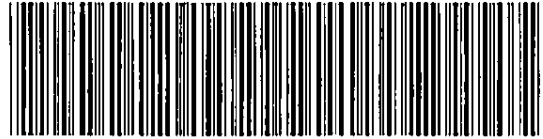
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Me

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crown Dentistry  
(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:

Manuel Gonzalez

(Contact Person)

Crown Dentistry

(Firm/Company)

3408 West 84th St. Suite 217

(Address)

Hialeah, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel Gonzalez

(Name of Contact Person)

305

at ( )

512-4589

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Crown Dentistr

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

L23000550599

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/11/2024

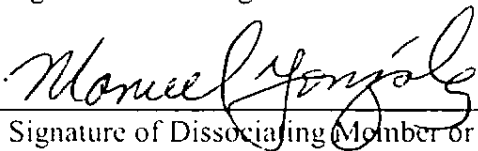
4. I, Manuel Gonzalez, hereby withdraw/resign as a

*(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)

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TALLAHASSEE, FL

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