

# L24000375359

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

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TO: Registration Section  
Division of Corporations

**SUBJECT:** Dr. Louis Casado, MD, 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:

Cindy Ragan  
\_\_\_\_\_  
(Contact Person)

Dr. Louis Casado, MD, LLC  
(Firm Company)

4331 NE 18th Ave  
\_\_\_\_\_  
(Address)

Oakland Park, FL 33334

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(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Ragan 954 554-4344  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 (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: Dr. Louis Casado, MD, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.24000375359

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

4. I, Cindy Ragan, 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]  
Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FL