

L16000013182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

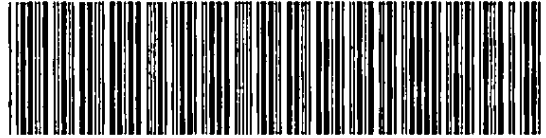
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200311370012

04/05/18--01016--026 **25.00

2018 APR -6 PM 10:09

1611805

CALEVOSO LAW
TRUST. CREATIVITY. PARTNERSHIP.

March 28, 2018

Certified Mail Only

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

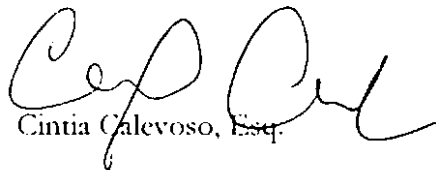
Re: Dissociation or Resignation of Member: Doctors Wellness Factors LLC
Document Number: 1.16000013182

To Whom It May Concern:

Enclosed please find the Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company Form for Doctors Wellness Factors LLC. Enclosed you will also find a certified check in the amount of \$25.00.

Should you have any questions, please feel free to contact me directly by phone at (786) 999-2635 or email at cintia@calevosolaw.com. Thank you for your time and attention.

Kind regards,


Cintia Calevoso, Esq.

2018 MAR 28 10 53 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOCTORS WELLNESS FACTORS 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:

CINTIA CALEVOSO
(Contact Person)

CINTIA CALEVOSO, P.A.
(Firm/Company)

1101 BRICKELL AVENUE SUITE 800S
(Address)

MIAMI, FLORIDA 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

CINTIA CALEVOSO at (786) 999-2635
(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

2013 JUN 4 9:13:00



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)

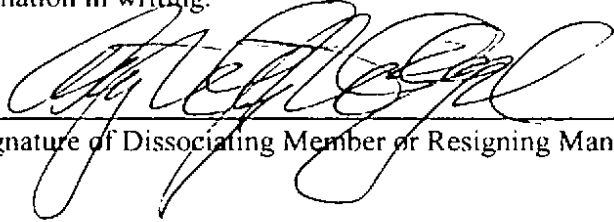
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DOCTORS WELLNESS FACTORS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000013182

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/22/2018

4. I, AUGUSTO AGOSTINI-CHAPEL, 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

2018 APR -6 PM 12:04

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