## 121000308272

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	·
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE J. HORNE	2
	MAR	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Bionative LLC (Name of Limited Liability)	y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to:
Jennise Shavette Williams (Contact Person)	<u> </u>
(Firm/Company)	
4100 NW 193rd St (Address)	
Miami Gardens, Fl 33055 (City/State and Zip Code)	
For further information concerning this matter, please of	call:
Jennise Showette Williams at (78k (Name of Contact Person) (Area C	o) 296-4552 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee  \$55 F	da Department of State for: iling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314





## 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 li	imited liability company as it appears on the records of the Florida Department
of State is:	
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L210003	308272
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: February 16, 202
4. I. Jennise Sk. (Print Nam	he of Person Resigning). hereby withdraw/resign as a
	Member (AMBR)
of this limited liabil resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
	Villins
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)