

105000057809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

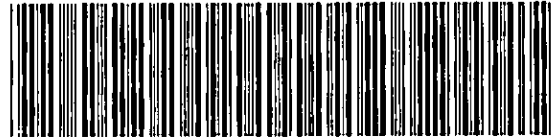
(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATIONS
20 MAR -9 PM 5:37

Dissociation
of member

MAR 11 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Products, 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:

Carlos OMANA

(Contact Person)

(Firm/Company)

7800 South Red Rd # 302

(Address)

Miami, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos OMANA

(Name of Contact Person)

at (305) 597-5743

(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

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DIVISION OF CORPORATIONS



2020 MAR -9 PM 3:25

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2020

MANUEL X RAMIREZ
LIFE PRODUCTS, LLC
7800 SOUTH RED RD., SUITE 302
SOUTH MIAMI, FL 33143

SUBJECT: LIFE PRODUCTS, LLC
Ref. Number: L05000057809

We have received your document for LIFE PRODUCTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 320A00004093



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: LIFE PRODUCTS, LLC.

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

L05000057809

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

4. I. MANUEL X. Ramirez, hereby withdraw/resign as a
(Print Name of Person Resigning)

x MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

x [Signature]
Signature of Dissociating Member or Resigning Manager

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