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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alternative Wholistic Health Services LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael J. Badanek (Registered Agent)
(Contact Person)

Alternative Wholistic Health Services LLC
(Firm/Company)

P.O. Box 10
(Address)

Silver Springs, Florida 34489-0010
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Badanek (Registered Agent) at (352) 644-6201
(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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Alternative Wholistic Health Services LLC

2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L 06 0000 49 234

4. I, Michele L. Bodanek MGRM, hereby resign as a Managing Member MGRM
(Print Name of Person Resigning) (Print Title)



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

Michele L. Bodanek

Signature of Resigning Member, Managing Member or Manager

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

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Detail by Document Number					
<u>Florida Limited Liability Company</u>					
ALTERNATIVE WHOLISTIC HEALTH SERVICES L.L.C.					
<u>Filing Information</u>					
Document Number L06000049234					
FEI Number 562584695					
Date Filed 05/03/2006					
State FL					
Status ACTIVE					
Effective Date NONE					
<u>Principal Address</u>					
3423 E. SILVER SPRINGS BLVD. OCALA FL 34470					
<u>Mailing Address</u>					
P.O. BOX 10 SILVER SPRINGS FL 34489-0010					
<u>Registered Agent Name & Address</u>					
BADANEK, MICHAEL J 4221 SE 46TH ST OCALA FL 34480 US					
<u>Manager/Member Detail</u>					
Name & Address					
Title MGRM					
BADANCK, MICHELE L P.O. BOX 10 SILVER SPRINGS FL 34489					
<u>Annual Reports</u>					
Report Year Filed Date					
2007 06/13/2007					
<u>Document Images</u>					
06/13/2007 -- ANNUAL REPORT					
07/13/2006 -- Off/Dir Resignation					
05/03/2006 -- Florida Limited Liability					
Note: This is not official record. See documents if question or conflict.					
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