

LOG 000 104 885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

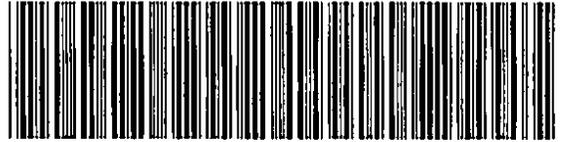
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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O. S. ...  
JAN 07 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRECISION WELLNESS, 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:

LEO ACIOLI  
(Contact Person)

PRECISION WELLNESS, LLC  
(Firm/Company)

2910 MAGUIRE RD. SUITE 1007  
(Address)

OCCOE, FL 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

LEO ACIOLI at (407) 654 2600  
(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



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2021 DEC 20 AM 6:44

SECRETARY OF STATE  
TALLAHASSEE, FL

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: PRECISION WELLNESS, LLC

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

LOG000104885

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10.20.21

4. I, SARA ACIOLI, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER/OWNER  
(Print Title)

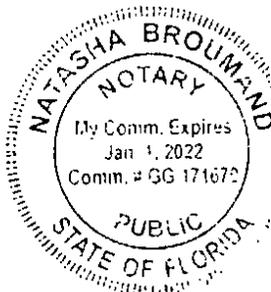
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)



State of: <u>Florida</u>	County of: <u>Orange</u>
ON THIS <u>20</u> Day of <u>October</u> , 20 <u>21</u> , before me, the undersigned Notary Public, personally appeared <u>SARA ACIOLI</u> , who proved through satisfactory evidence of identification, which were <u>FDL</u> , to be the person whose name is signed on the preceding or attached document and acknowledged	
Name	Notary Public
My commission expires: <u>January 1, 2022</u>	