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SEGREJARY OF STATE TALLAHASSEE: FLORIDA

FILED

COVER LETTER

Division of Corporations
SUBJECT: TLUYE HUING & WELLNESS, LLC (Name of Limited Limbility Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
TING MUYTINEZ (Contact Person)
Tlure Healing & Wellness, LLC Fig. 3
(Firm/Company) 3762 VINE Land Rd, Unit 107 (Address) KISSIMMER FL 34746 (City/State and Zip Code)
KISSIMMER DL 34746 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (SOLo) 422 7367 sept [[] (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company					nt
2. This limited liabilit	y company was organiz	ed under the	laws of:	TALLAHA	2010 NOV - I	
3. The Florida docum	ent/registration number 1081081	of this limite	ed liability comp	any is: FLO	-I PH 4	
4. I, SUAG (Print Nam	F SUCA e of Person Resigning)	, here	by resign as a	Title 3	MUNC ile)	ger
of this limited liabil resignation in writin	ity company and affirm ng.	the limited l	iability company	has been not	tified of m	y
Signature of Resign	ing Member Managing	Member or	Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					

CR2E079 (5/06)