

L09000035101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

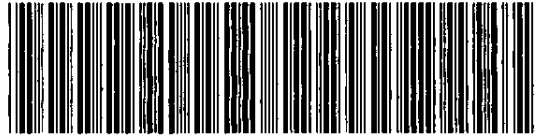
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2010 JAN -8 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 11 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health & Healing Touch Wellness Center, 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:

Jennifer Wakeman
(Contact Person)

Health & Healing Touch Wellness Center, LLC
(Firm/Company)

5915 Memorial Hwy Ste B
(Address)

Tampa, FL 33615
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Wakeman at (813) 658-5018
(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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2010 JAN -8 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Health + Healing Touch Wellness Center, 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:
L09000035101.

4. I, Kamal Tejwani, hereby resign as a Manager
(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.

A handwritten signature in black ink, appearing to read "Kamal Tejwani".

Signature of Resigning Member, Managing Member or Manager

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

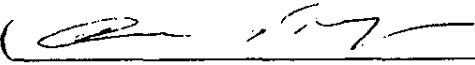
FILED

Dec. 31, 2009

2010 JAN -8 PM 2:50

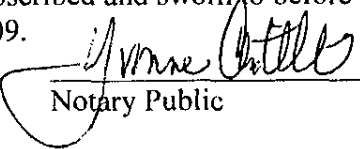
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jay Wasylyna and Jennifer Wakeman have paid in full all money owed to Kamal Tejawani. The exact amount owed to today's date being \$12,645.00, representing all of the money invested in start up of Health and Healing Touch Wellness Center L.L.C. minus moneys already paid back and paying an additional \$1,355.00 in interest, totaling \$14,000.00

I Kamal G. Tejawani ()
have now received \$14,000.00 and acknowledge payment in full for all money owed. Upon receipt of this payment Kamal G. Tejawani no longer holds any interest, ownership, or partnership with Health and Healing Touch Wellness Center L.L.C. now solely owned by Jennifer Wakeman.

State of Florida County of Hillsborough

Subscribed and sworn to before me by Kamal G. Tejawani this 31st day of December 2009.


Notary Public

The person is known to me or have produced D.L. as identification.

