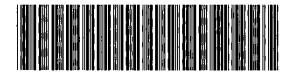
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COVER LETTER

Division of Corporations		
SUBJECT: Allergy Free Labs, L.L.C.		
	imited Liability Com	npany)
The enclosed member, resignation or disso	ciation and fee(s)	are submitted for filing.
Please return all correspondence concerning	g this matter to:	
David A. Netburn		
(Contact Person)		-
Rolnick & Netburn		·
(Firm/Company)		-
9734 West Sample Road		
(Address)		-
Coral Springs, FL 33065		
(City/State and Zip Code)	·	-
For further information concerning this ma	tter, please call:	
David A Netburn	954	3465001
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)





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)

	rgy Free Labs, L.L.C.
2. The Florida doc L0900010368	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Loron Honni	
Managing Me	ember
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)