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(Address)				
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WellaVerde 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:

Jere Harkness

(Contact Person)

WellaVerde LLC

(Firm/Company)

2610 Lotus Drive

(Address)

Tallahassee, FL 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Jere Harkness

,, 850

893-6426

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

t. The name of the li of State is: Well	mited liability company as it appears on the reco	ords of the Florida	Dep	artment
2. This limited liability company was organized under the laws of: The State of Florida				2013 CASO 1182
3. The Florida docur L100008034	nent/registration number of this limited liability	company is:		
4. I, Jere Harkne	SS, hereby resign a, hereby resign a	as a Managing N	/lem	ber
·	lity company and affirm the limited liability con	,	•	l of my
	ning Member, Managing Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			