

L11000029689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

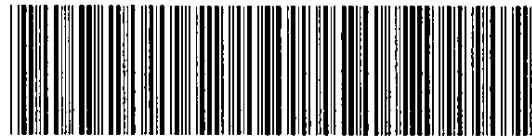
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600297129106

06/20/17--01011--00000000

RECEIVED  
OFFICE OF STATE  
CLERK  
TALLAHASSEE, FLORIDA

17 JUN 20 AM 8:49

FILED

JUN 21 2017

Y SULLKFP

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Florida Wellness & Clinical Research Institute, 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:

LeRoy Reynolds, RPh

(Contact Person)

South Florida Wellness & Clinical Research Institute, L

(Firm/Company)

2964 North State Road # 7

(Address)

Margate, Florida 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

LeRoy Reynolds

(Name of Contact Person)

954

at ( )

582-7007

(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



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: South Florida Wellness & Clinical Research Institute, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L11000028689

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/28/2017

4. I, Aging With Grace, LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Managing Member

*(Print Title)*

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

*Jeanne M. Fymelds / FOR Aging With Grace LLC*

Signature of Dissociating Member or Resigning Manager

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