

L110000039497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

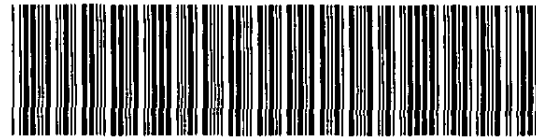
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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05/18/12--01011--011 **25.00

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MAY 21 2012

EXAMINER

FILED
MAY 18 2012
12 MAY 18 PM 3:58
FBI - NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH & REMEDY, LLC
(Name of Limited Liability Company)

RECEIVED
DIVISION OF CORPORATIONS
12 MAY 18 PM 3:58

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NANCY CANDELARIO

(Contact Person)

HEALTH & REMEDY, LLC

(Firm/Company)

10456 TRIANON PLACE

(Address)

WELLINGTON, FL 33449

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY CANDELARIO

(Name of Contact Person)

at (561) 603-5972

(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

**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 & REMEDY, 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:
L11000039497

4. I, LUIS C. CANDELARIO, hereby resign as a MGR
(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.



Signature of Resigning Member, Managing Member or Manager

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