# L110000 73444

(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



100252913851

10/31/13--01013--018 \*\*50.00



#### COVER LETTER

TO: Registration Section **Division of Corporations** 

#### Health & Harmony Holdings, 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:

#### Suzanne Blanev

(Contact Person)

#### Health & Harmony Holdings, LLC

(Firm/Company)

### 15951 McGregor Blvd.

#### Fort Myers, FL 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Blaney

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee &

\$25 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

	limited liability company as it alth & Harmony Holdin		of the Florida De	partment
2. This limited liab	ility company was organized u	under the laws of:		
3. The Florida docu L11000073	ament/registration number of t	this limited liability com	pany is:	
4. I, Tami L. Sa	llvaggio	, hereby resign as a	Managing Me	mber
, <del></del>	ame of Person Resigning)	, hereby resign as a _	(Print Title)	
of this limited lial resignation in wri	oility company and affirm the ting.	limited liability compan	ny has been notifie	ed of my
-	gning Member, Managing Me	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OA .	7,