

L 11000103519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 28 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2011

COLLEEN SULLIVAN
YOUR COMPLETE WELLNESS CENTER LLC
9706 W. PARK VILLAGE DR.
TAMPA, FL 33626

SUBJECT: YOUR COMPLETE WELLNESS CENTER, LLC
Ref. Number: L11000103519

We have received your document for YOUR COMPLETE WELLNESS CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All documents must be full page. I am sending you a form to fill out and return to my attention.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00025367

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Complete Wellness Center, 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:

Colleen Sullivan
(Contact Person)

Your Complete Wellness Center, LLC
(Firm/Company)

9706 W. Park Village Drive
(Address)

Tampa, FL 33626
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Sullivan at (813) 245-8746
(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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

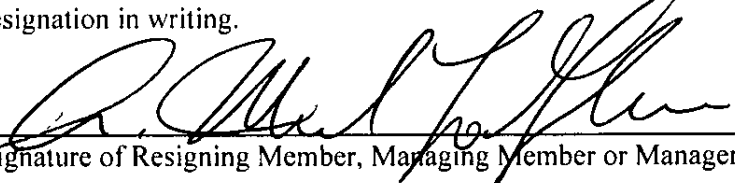
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Your Complete Wellness Center, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L11000103519

4. I, Dr. Michael Lofordize, hereby resign as a CEO (Chief Executive Officer)
(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)

Document # 211000103519

**APPROVAL OF LLC PURCHASE OF INTEREST
OF WITHDRAWING MEMBER**

The LLC resolves that the LLC will purchase the entire membership interest of Dr. Michael Lofordina, a member of this LLC, on the terms specified below. It was agreed that the purchase of the membership interest will terminate all capital, profits, loss, and, voting, and all other management, ownership, and economic interests of the member in this LLC.

The date of purchase is: 10-20-11

The terms of the purchase are as follows: \$ 1.00

After a report of the treasurer, which included an analysis of the most recently prepared balance sheet of the LLC and LLC operations since its preparation, it was agreed that the LLC was able financially and in accordance with any applicable state legal requirements to purchase the withdrawing member's interest according to the terms set out above.

The treasurer was instructed to prepare a balance sheet of the LLC as of the date set for purchase of the withdrawing member's interest, and to see to it that a copy of the balance sheet, plus any additional supporting documentation, be given to the member prior to the date of purchase for the member's review and, if appropriate, signature. A copy of the balance sheet and any supporting documentation, signed by the withdrawing member if appropriate, will be attached to this resolution and placed in the LLC records binder.

On completion of the necessary paperwork, the treasurer will pay, or make appropriate arrangements for payment, on behalf of the LLC to purchase the withdrawing member's interest on the terms specified above.

It was further resolved that the remaining members of the LLC, whose signatures appear below, consent to the continuance of the business and legal existence of the LLC following the withdrawal of the member named above.

Date: 10/20/11

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]