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SECRETARY OF STATE
AND AHASSEF, FLORIDA

D. BRUCE FEB 27 2012

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Weight loss of Wellness Supplements, LCC (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:					
SAEB JANNOUN (Contact Person)					
IMD COMPANIES ING (Firm/Company)					
14310 N DALE MABRY Howy *300					
TAMPA FL 33618 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) (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 \$ Certified Copy					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327					

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records Wellness Supplem	
2. This limited liab	ility company was organiz	ed under the laws of:	
	ument/registration number 8 13 1 55 Ø	of this limited liability com	pany is:
			Rresident 1CEO /Owner (Prini Tille)
of this limited lial resignation in wr		the limited liability compan	y has been notified of my
Jon	as my		12 FE
Signature of Resi	gning Member, Managing	Member or Manager	B24 F
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MIN. STATE