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EXALCTOR

COVER LETTER

TO: Registration Section **Division of Corporations** Biogenesis of America, 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: Ashley Bosch (Contact Person) (Firm/Company) 9830 SW 62 Street (Address) Miami, FL 33173 (City/State and Zip Code) For further information concerning this matter, please call: Ashley Bosch (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

CR2E079 (12/13)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it apgenesis of America, LLC	pears on the records o	of the Flori	da Dep	oartment
2. The Florida doc L12000031	ument/registration number of this	limited liability comp	oany is:		
3. The date this me	ember withdrew or will withdraw	is: January 1, 201	14		
4. I, Ashley Bosch		, hereby resign as a N		, Men	nber
(Print Name of Person Resigning)		, , , , –	(Print Title)		
of this limited lia resignation in wa	bility company and affirm the limiting.	ited liability company	y has been i	notifie	d of my
	MA	- ~	\$2. [†]	ge ··	
Signature of R	esigning or Dissociating Manager	, Member			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				. S.