

L/2000044002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

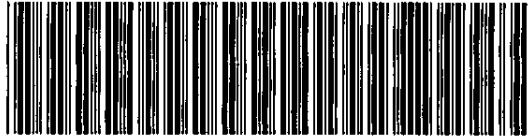
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR -2 PM 2:28

MAR 10 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aligned Integrative Health, 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:

R. Kevin Korey

(Contact Person)

Robert Kit Korey, PA

(Firm/Company)

595 W. Granada Blvd., Ste A.

(Address)

Ormond Beach, FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

R. Kevin Korey

(Name of Contact Person)

at (386) 677-3431

(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



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -2 PM 2:28

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Aligned Integrative Health, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000044002

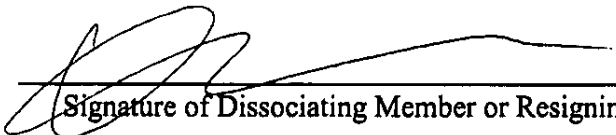
3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 9, 2014

4. I, Brett Wisniewski, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member (MGRM)

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

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

ROBERT KIT KOREY, P.A.
KOREY, SWEET, MCKINNON & SIMPSON
Attorney and Counselors at Law

Robert Kit Korey, P.A.
Jeffrey C. Sweet
Noah C. McKinnon, Jr., P.A.
Scott E. Simpson, P.A.
Abraham McKinnon
R. Kevin Korey
Adam K. Dunn

Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone (386)677-3431
Telefax (386)673-0748

February 27, 2015

Registration Section.
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

RE: Resignation of Manager from LLC

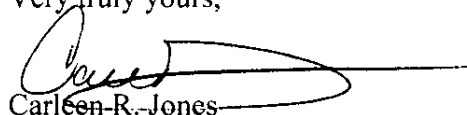
Madam:

Enclosed please find the Resignation of Manager from a Florida Limited Liability Company for filing

I have enclosed a check in the amount of \$25.00 payable to the Department of State to cover filing fees.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,



Carleen R. Jones
Legal Assistant to R. Kevin Korey

enclosures