

L12000093950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

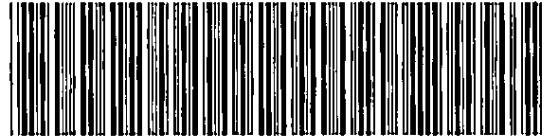
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 15 2018

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 15 PM 4:01

FILED

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S. PRATHE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WELLNESS RX FAST TRACK 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:

ANTONIO DONADI

(Contact Person)

WELLNESS RX FAST TRACK LLC

(Firm/Company)

7640 NW 25 ST #105

(Address)

MIAMI, FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO DONADI

(Name of Contact Person)

at ( 305 ) 384-7600  
(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



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)

**FILED**  
2018 OCT 15 PM 4:01  
STATE OF FLORIDA  
TALLAHASSEE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WELLNESS RX FAST TRACK LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L12000093950
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-05-2018
4. I, JQ WELLNESS RX LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
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)