

(Red	questor's Name)		
(Add	dress)		
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(City	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	cument Number)		
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ALLAHASSEE, TLORIDA

B. BOSTICK

EXAMINER

COVER LETTER

Registration Section Division of Corporations

то:

CR2E079 (5/06)

Altraid Wallage Centers	11.0			
SUBJECT: Altroid Wellness Centers (Name of	Limited Liability C	Company)		
The enclosed member, managing member filing.	r or manager res	signation and fee(s) are submitted for		
Please return all correspondence concerni	ing this matter to	o:		
R J Michael Smith				
(Contact Person)				
Altroid Wellness Centers LLC		1 X (L)		
(Firm/Company)		——————————————————————————————————————		
		1888 1933		
3808 W Linebaugh Ave				
(Address)		— F. ORID		
		表		
Tampa, Fl. 33618		350		
(City/State and Zip Code)				
For further information concerning this m	natter, please cal	1:		
R J Michael Smith	_{at (} 813	₎ 3763949		
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)		
		0.0		
Enclosed please find a check made payab		-		
■ \$25 Filing Fee	_	1 \$55 Filing Fee & Certified Copy		
		Септей Сору		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section	Registration Section			
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		
Tallahassee, Florida 32301				

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears on the records of the Fold Wellness Centers LLC	lorida D	epartn	nent
2. This limited liab	ility company was organized under the laws of:	TALLAHASS	2013 OC1 29	er er
3. The Florida docu L1200012580	ument/registration number of this limited liability company is:	EE FLORIDS	PH 2: 50	:
4. I, Robert W. Su		Print Title		
of this limited lial resignation in wri	bility company and affirm the limited liability company has be	een notif	ied of	my
	gning Member, Managing Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			