

L13000135416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

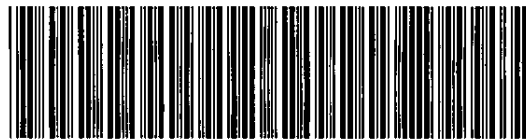
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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C. LEWIS
JUL 30 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandestin Apothecary Services 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:

Jim Koutsky

(Contact Person)

Sandestin Executive Health and Wellness Center

(Firm/Company)

15000 Emerald Coast Parkway

(Address)

Destin, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Koutsky

(Name of Contact Person)

at 850 368-8240

(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
DIVISION OF CORPORATIONS

14 JUL 16 PM 2:33

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: Sandestin Apothecary Services LLC
2. The Florida document/registration number assigned to this limited liability company is:
L13000135416
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Feb. 1, 2014
4. I, Amy Frazier, hereby withdraw/resign as a
(Print Name of Person Resigning)
Director
(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 ManagerFiling Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)