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TO:

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Registration Section

Division of Corporations Life Enrichment Group **SUBJECT:** (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: Celeste Fitzgerald (Contact Person) Life Enrichment (Firm/Company) 25 Balearics Drive (Address) Saint Augustine, FL 32086 (City/State and Zip Code) For further information concerning this matter, please call: Celeste Fitzgerald (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: **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



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)

2. The Florida document/registration number assigned to this limited liability company is: L14000111965 3. The date this member/manager withdrew/resigned or will withdraw/resign is: Celeste Fitzgerald (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 Conv. \$30.00 (Optional)			t appears on the records of the Florida Department	
L14000111965 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, Celeste Fitzgerald (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)			ioned to this limited liability company is:	
4. I, Celeste Fitzgerald, hereby withdraw/resign as a		-		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Company	3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Company	4. I, Celeste Fitzgerald		, hereby withdraw/resign as a	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Company	(Print N	lame of Person Resigning)		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Company				
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Filing Fee: \$25.00 (Required)	Signature of D	J Litzgerald	ing Manager	
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