

SEALIONS  
FEB 22 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

life's good llc

**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:

david fiore

\_\_\_\_\_  
(Contact Person)

life's good llc

\_\_\_\_\_  
(Firm/Company)

628 edge brook ln

\_\_\_\_\_  
(Address)

west palm beach fl 33411

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

david fiore

561

3054567

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

(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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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  
life's good llc  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
114000125491  
\_\_\_\_\_

01/01/2020

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
paul senat

4. I, \_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person Resigning)

mgr

\_\_\_\_\_  
(Print Title)

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

*Paul Senat*

Signature of Dissociating Member or Resigning Manager

2020 JAN 30 AM 9:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

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