

L14000193039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

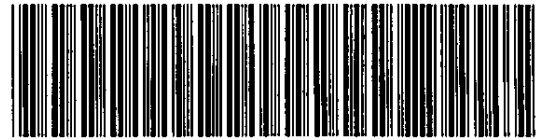
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/16/16--01010--019 \*\*25.00

SEP 16 15 PM 12:46  
RECEIVED  
TALLAHASSEE, FL 32301  
STATE  
CLERK OF SUPERIOR COURT

SEP 19 2016  
J. HARRIS

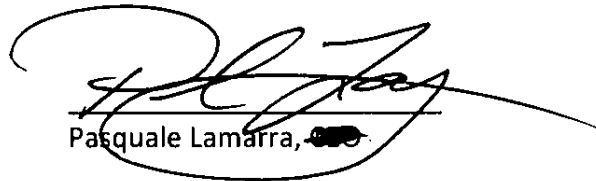
Re: Prima Vista Recovery & Wellness Center, LLC

To whom it may concern:

Enclosed are:

1. Articles of Amendment to Articles of Organization
- and
2. Dissociation or Resignation of Member, Manager from a Florida LLC

Very truly yours,



Pasquale Lamarra, CEO

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRIMA VISTA RECOVERY & WELLNESS CENTER 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:

PASQUALLE LAMARRA

(Contact Person)

PRIMA VISTA RECOVERY & WELLNESS CENTER L

(Firm/Company)

7664 S US HWY 1

(Address)

PORT ST LUCIE, FL. 34982

(City/State and Zip Code)

For further information concerning this matter, please call:

PASQUALLE LAMARRA

at ( 561 ) 676-1186

(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:**

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



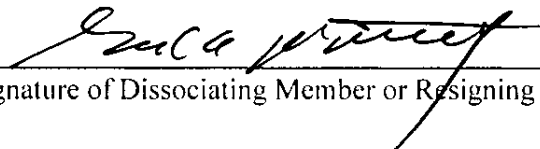
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PRIMA VISTA RECOVERY & WELLNESS CENTER LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L14000193039.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: SEPT. 12, 2016
4. I, GERALD A DIBARTOLOMEO JR, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(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)

16 SEP 16 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA