1500005943

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(Address)			
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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Healthy Earth Cortez LLC		
	(Name of Limi	ted Liability Com	npany)
The enclosed	d member, resignation or dissocia	ation and fee(s)) are submitted for filing.
Please return	n all correspondence concerning t	his matter to:	
Michael Fra	ance		
	(Contact Person)		-
Michael Fra	ance, P.A.		
	(Firm/Company)		-
1515 Ringl	ing Blvd., Suite 800		
	(Address)		-
Sarasota, I	FL 34236		
	(City/State and Zip Code)		-
For further i	nformation concerning this matte	r, please call:	
Michael Fra	ance	941 at (953-3600
1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plo	ease find a check made payable to g Fee		Pepartment of State for: Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

The name of the limited liability company a of State is:	as it appears on the records of the Florida Department
L15000005943	assigned to this limited liability company is:
. The date this member/manager withdrew/re	esigned or will withdraw/resign is:
Jeffrey Sedacca	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Director	
(Print Title)	· *
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my light of my
Signature of Dissociating Member or Res	igning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: