

L150000013070

(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



500289985605

09/09/16--01019--001 \*\*25.00

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

16 SEP -9

es 9/12

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Boca Nutrition, 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:

Zachary L. Catanzaro, Esq.

(Contact Person)

Law Offices of Zachary L. Catanzaro, Esq.

(Firm/Company)

1499 W. Palmetto Park, Ste. 2

(Address)

Boca Raton, Florida 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

Zachary L. Catanzaro, Esq.

(Name of Contact Person)

at ( 561 ) 807-1830

(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: BOCA NUTRITION, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000013070

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/1/16

4. I, Phillip Braun, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(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)

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUN 1 2016

16 SEP - 0 00 00