

15000048433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

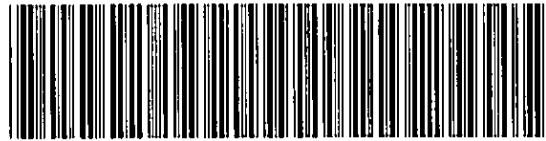
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400321588974

12/12/18--01019--004 ~~155.00~~  
25.00

FILED  
18 DEC 12 AM 5:33  
SALARY  
TALLAHASSEE, FLORIDA

K. SALY

DEC 20 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lucky 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:

Craig M. Oberweger

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

Palm Law Partners, P.A.

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

2101 NW Corporate Blvd, Suite 410

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

Boca Raton, FL 33431

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

For further information concerning this matter, please call:

Craig M. Oberweger

\_\_\_\_\_  
(Name of Contact Person)

at ( 800 ) 520-2052

\_\_\_\_\_  
(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



FILED  
18 DEC 12 AM 5:33  
TALLAHASSEE, FLORIDA

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: Lucky Nutrition, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000048438

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/30/2018

4. I, US MEDICAL CARE HOLDINGS, INC., 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)

EXHIBIT A  
RESIGNATION LETTER

US Medical Care Holdings, LLC  
1210 W 13th St  
Riviera Beach, FL 33404

October 30, 2018

Effective immediately, the undersigned hereby resigns as a member of LUCKY NUTRITION LLC, a Florida limited liability company ("Company"), and as an agent, representative and authorized bank signatory of Company.

Upon execution of this Resignation Letter, the undersigned shall have no authority to bind the Company in any manner whatsoever, and any third party receiving a copy of this Resignation Letter may rely on the contents hereof.

US MEDICAL CARE HOLDINGS, LLC

By: \_\_\_\_\_

Print Name: Sassan Moulavi

Title: Manager

\_\_\_\_\_  
Sassan Moulavi, Individually