## LL50000 68988

(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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FEB 18 2020 LALBRITTON

## **COVER LETTER**

	FO: Registration Section Division of Corporations					
SUBJECT:	ESSENTIALIS LLC					
	(Name of Limited Liability Company)					
The enclose	ed member, resignation or dis	ssociation and feet	(s) are submitted for filing.			
Please retur	n all correspondence concert	ning this matter to	:			
Walter Wains	tein			· ·		
	(Contact Person)	***	<del></del>			
Walter Wains	tein, PA					
	(Firm/Company)		<del></del>			
7401 Palomin	o Dr Apt 117					
	(Address)		<del>_</del>			
Hollywood, F	L 33024					
	(City/State and Zip Code)	•	_			
For further i	information concerning this i	natter, please call	:			
Walter Wains	tein	786 at (	399-0460 )			
1)	Name of Contact Person)		le & Daytime Telephone Number)			
Enclosed pl ■ \$25 Filir	ease find a check made paya		Department of State for: ng Fee & Certified Copy			
Regi Divi	ing Address: istration Section ision of Corporations . Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314







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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company	y as it appears on the records of the Florida Department
2. The Florida doc L15000068988	ument/registration numbe	er assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is:
4. I, WALTER WAI	NSTEIN	, hereby withdraw/resign as a
(Print l	Name of Person Resigning)	
MANAGER		
	(Print Title)	<u>-</u>
of this limited lia resignation in wi		n the limited liability company has been notified of my
Signature of D	issociating Member or Re	rsigning Manager
	1	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	