

*11600000 72857*

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

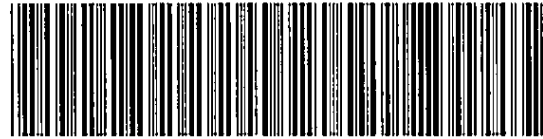
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 19 PM 2:30

*Div. of member*

AUG 29 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Natures Lab Brand 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:

Dan DiScioscia  
(Contact Person)

Nature Lab Brand LLC  
(Firm/Company)

703 Seminole Palms Dr  
(Address)

Lake Worth FL 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dan DiScioscia at (561) 350-3264  
(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

10 AUG 19 PM 2:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



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: Natures Lab Brand LLC

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

L16000072857

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/20/2018

4. I, Scott Emrick, hereby withdraw/resign as a  
(Print Name of Person Resigning)

SMGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified my resignation in writing.

Scott Emrick

Signature of Dissociating Member or Resigning Manager

19 AUG 19 PM 2:30

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)