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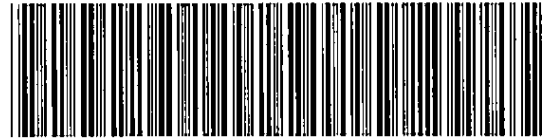
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tree of Life Institute for Health and Wholeness

(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:

Jill Busl

(Contact Person)

Tree of Life Institute for Health and Wholeness

(Firm/Company)

3828 Spatterdock Ln

(Address)

Port St Lucie, FL 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

Jill Busl

at (772) 359-8595

(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



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: Tree of Life Institute for Health and Wholeness LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000112736
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/22/2018
4. I, Gerrick Busl, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGRM
(Print Title)

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

unable to sign - deceased - see enclosed death certificate
Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018171030

DATE ISSUED: NOVEMBER 7, 2018

DECEDENT INFORMATION

DATE FILED: NOVEMBER 2, 2018

NAME: GERRICK REED BUSL

DATE OF DEATH: OCTOBER 22, 2018

SEX: MALE

AGE: 070 YEARS

DATE OF BIRTH: OCTOBER 25, 1947

SSN: 017-38-3524

BIRTHPLACE: NORTH ADAMS, MASSACHUSETTS, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 2720 SE KERN ROAD

LOCATION OF DEATH: PORT ST LUCIE, ST LUCIE COUNTY, 34984

RESIDENCE: 2720 SE KERN ROAD, PORT ST LUCIE, FLORIDA 34984, UNITED STATES

COUNTY: ST LUCIE

OCCUPATION, INDUSTRY: FINANCIAL PLANNER, FINANCE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: JILL RENEE WISE

FATHER'S/PARENT'S NAME: WILLARD ERWIN BUSL

MOTHER'S/PARENT'S NAME: BARBARA JANE NORTHRUP

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: JILL RENEE BUSL

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 2720 SE KERN ROAD, PORT ST LUCIE, FLORIDA 34984, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JIMMY S SASSER JR, F045498

FUNERAL FACILITY: NEPTUNE SOCIETY-POMPANO BEACH F064804

3404 N ANDREWS AVE, POMPANO BEACH, FLORIDA 33064

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: GOLD COAST CREMATORY
FORT LAUDERDALE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0357

DATE CERTIFIED: NOVEMBER 2, 2018

CERTIFIER'S NAME: ROBERT VICTOR ANDERSON

CERTIFIER'S LICENSE NUMBER: OS6082

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED



, STATE REGISTRAR

REQ: 2019846718

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.