

116000176902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

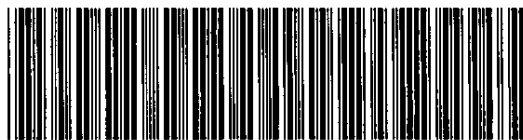
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
JUN 19 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XENO HEALTH GROUP 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:

Mark Michinok  
(Contact Person)

XENO HEALTH GROUP LLC  
(Firm/Company)

116 Kildrummy Ct  
(Address)

Saint Johns, FL 32259  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Michinok at (904) 476-1618  
(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

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SECRETARY OF STATE



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: XENO HEALTH GROUP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000176902

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 9, 2017

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

~~Registered Agent~~ MGR  
(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)

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TALLAHASSEE, FLORIDA