116000211854

(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:			





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COVER LETTER

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COVER LETTER	6		
FO: Registration Section Division of Corporations	is the state of th		
SUBJECT: Head to Toe Wellness Group, LLC (Name of Limited Liability Com	npany)		
The enclosed member, resignation or dissociation and fee(s)			
Please return all correspondence concerning this matter to:			
Donna Huntington			
(Contact Person)	-		
(Firm/Company)			
2615 Willow Oak Dr			
(Address)			
Edgewater, FL 32141			
(City/State and Zip Code)	.		
For further information concerning this matter, please call:			
Donna Huntington 386	314-4485		
	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsi \$\subset\$			

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

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)

	limited liability company as d to Toe Wellness Group,	it appears on the records of the Florida Department
2. The Florida doci	ument/registration number ass	signed to this limited liability company is:
L1600021185	4	
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
Donna Huntington		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
MGR		
*****	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	ing Manager