

L16 000 226272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



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: OPTI HEALTH WEIGHT LOSS AND WELLNESS CENTER LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000226272
3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 15, 2017
4. I, CHRISTINA MILFORD, hereby withdraw/resign as a
(Print Name of Person Resigning)
REGISTER AGENT AND MANAGER
(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

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