

L17000 116 194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Dissociation
of
member

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLNESS ENTERPRISES 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:

PABLO FUENTES

(Contact Person)

WELLNESS ENTERPRISES LLC

(Firm/Company)

3555 NW 83 AVENUE SUITE 202

(Address)

MIAMI FLORIDA 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID OTERO

305

8330450

at ()

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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: WELLNESS ENTERPRISES LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000116194

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/13/2019

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

Managing Member and Partner

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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