

L17000161782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

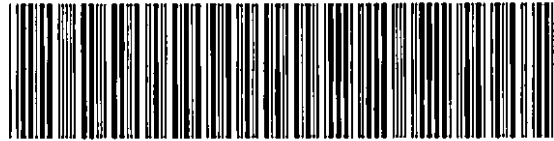
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL VORISEK
DEC 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Cannabis Compassionate Clinic & Wellness Center 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:

Dr. Michael LoGuidice Sr.
(Contact Person)

Dr. Cannabis Compassionate Clinic & Wellness Center
(Firm/Company)

26650 Wesley Chapel Blvd Suite H
(Address)

Lutz, FL 33559
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Michael LoGuidice Sr at (813) 944-9333
(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

11/23/2018

To: Division of Corporations, Registration Section

Re: Dr. Cannabis Compassion Clinic & Wellness Center cover letter

We recently mailed a cover letter for the removal of Dr. Hillary Stricklen from the Rays of Sunshine Wellness Center LLC ;however, the cover letter for the removal of Dr. Hillary Stricklen from Dr. Cannabis Clinic & Wellness center LLC was left out. We sent a check in the amount of \$50.00 for both. Attached to this letter is a copy of that cashed check by your department. I have also attached the paperwork that was left out of the original mailing. Please process asap.

Thanks,



Dr. Michael LoGuidice Sr.

President of Rays of Sunshine Wellness Center

727-808-7123

2018 NOV 28 AM 10:26



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

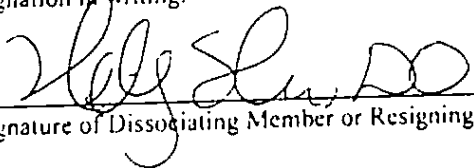
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**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Dr. Cannabis Compassionate Clinic & Wellness Center LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000161782
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2018
4. I, Dr. Hillary Stricklen, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member at Large
(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)