

LI7000182259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

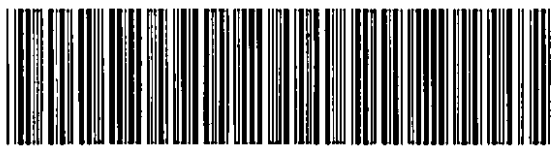
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400316139674

07/27/18--01:01:07 007 \$425.00

FILED

18 JUL 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 03 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rays of Sunshine 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)

Rays of Sunshine Wellness Center LLC
(Firm/Company)

26650 Wesley Chapel BLVD Suite H
(Address)

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

FILED
18 JUL 27 AM 11:14
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dr. Michael LoGuidice Sr. at (727) 808-7123
(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



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: Rays of Sunshine Wellness Center LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000182259

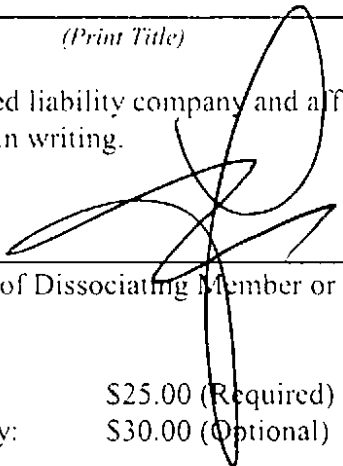
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/23/2018

4. I, Dr. Laszlo Teleszky, 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)

FILED
18 JUL 27 AM 11:14
DIVISION OF STATE
TALLAHASSEE, FLORIDA