

L17000182259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

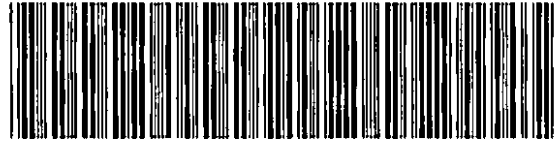
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 OCT 29 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

BL. VORISEK  
NOV 15 2018



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 OCT 29 PM 3:42

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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: 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.

*Dr. Hillary Stricklen*  
Signature of Dissociating Member or Resigning Manager

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