117000185438

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT [MAIL
(1	Business Entity Name)	<u></u>
(Document Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions	to Filing Officer:	
	್ರಹ್Office Use Only	
AM 9		
a) LD		-
· 』。	4 j ≤	



200304128922

10/06/17--01003--013 **25.00

13/6/17

17 OCI -6 AN ID: SECRETARY OF STATE

COVER LETTER

	Registration Section Division of Corporations			
SUBJE				
	(Name of Limite	d Liability Compa	ndy)	
The end	closed member, resignation or dissociati	ion and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning the	is matter to:		
Jeffrey	y Hossler			
	(Contact Person)			
Intuitiv	ve DNA Healer LLC			
	(Firm/Company)			
13410	Parker Commons Blvd Suite 101			
	(Address)			
Fort M	lyers, FL 33912			
	(City/State and Zip Code)		I 	
For fur	ther information concerning this matter,	, please call:		
Jeffre	y Hossler	239 at ()	494-2468	
	(Name of Contact Person)	(Area Code &	Daytime Telephone Number)	
	ed please find a check made payable to a Filing Fee		artment of State for: ee & Certified Copy	
	ET/COURIER ADDRESS: ration Section		IAILING ADDRESS:	
Division of Corporations D		vision of Corporations		
Clifton Building P.		O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301		allahassee, Florida 32314		
1 allani	188CC, FIORIUM 32301		1	

CR2E079 (2/14)