117000257855

(Red	questor's Name)	
(Address)		
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
	·	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		J. _{HORNE} OCT 25 2023





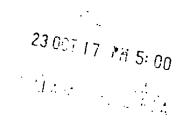
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10/17/23--01035--007 **55.00

COVER LETTER (

TO: Registration Section Division of Corporations		
Radiate Wellness, LLC		
SUBJECT: (Name	of Limited Liability	y Company (
The enclosed member, resignation or o	dissociation and	fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter	r to:
Mary Beth Perrone		
(Contact Person)		
Mary Beth Perrone		
el um Company;		-
76 Privado Court		
(Address)		
St. Augustine, FL 32095		
(City State and Zip Cislo	cl	
For further information concerning th	is matter, please	call:
Mary Beth Perrone	917	710-1126
(Name of Contact Person)	(Area)	Code & Daytime Telephone Number)
Enclosed please find a check made par 2 \$25 Filing Fee		rida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations
Taliahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303





ELORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS .

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

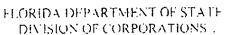
(Pursuant to 605.0216, Florida Statutes)

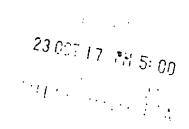
Racia	limited liability company as te Wellness, LLC	s it appears on the records of the Florida Department
2. The Florida doce L17000257855	iment/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw resign is:
Lisa Sapp		, hereby withdraw resign as a
tPrint \	ame of Person Resigning)	hereby withdraw resign as a
MGR		
	Pena Tales	
of this limited lia resignation in wi	*	he limited liability company has been notified of my
£15	<u> </u>	
Signature of D	issociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	

COVER LETTER

	on Section of Corporations		
	·		
Radi SUBJECT:	iate Wellness, LLC		
	(Name of Lie	mited Liability Cor	пралуч
The enclosed mer	mber, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please return all c	correspondence concerning	g this matter to:	
Mary Beth Perrone			
	(Contact Person)		<u></u>
Mary Beth Perrone			
	(Fana Company)		
76 Privado Court			
	(Address)		_
St. Augustine, FL 3	32095		
	(City State and Zip Code)		_
For further inforr	nation concerning this ma	tter, please call;	
Mary Beth Perrone		917 at (710-1126
(Name	of Contact Person)		& Daytime Telephone Number)
Enclosed please t	find a check made payable	to the Florida l	Department of State for:
□ \$25 Filing Fee		¥ \$55 Filin	g Fee & Certified Copy
Mailing Ad			Street Address:
	on Section		Registration Section
Division o P.O. Box	of Corporations		Division of Corporations
	0527 ee. FL 32314		The Centre of Tallahassee
r drianassi	is. CE JECT		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is:	te Wellness, LLC	<u> </u>
2. The Florida docu L17000257855	ment/registration number assigned	to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is:
Lisa Sapp		hereby withdraw resign as a
(Print \	'ame of Person Resignings	
MGR		
	Print Titles	
of this limited lia resignation in wr		ed liability company has been notified of my
£15	s Supp	
Signature of D	issociating Member or Resigning N	
	\$25.00 (Required)	
Certified Copy:	\$30,00 (Optional)	