

617000257855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

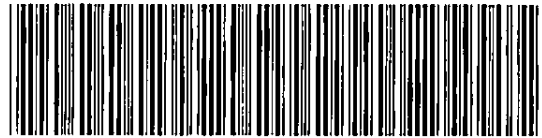
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OCT 25 2023

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23 OCT 17 PM 4:58

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Radiate Wellness, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Beth Perrone

(Contact Person)

Mary Beth Perrone

(Firm/Company)

76 Privado Court

(Address)

St. Augustine, FL 32095

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Beth Perrone

917

710-1126

at ( )

(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

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



23 OCT 17 PM 5:00

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: Raciate Wellness, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000257856

3. The date this member/manager withdrew/resigned or will withdraw resign is: 10/01/2023

4. I, Lisa Sapp, hereby withdraw resign as a  
*(Print Name of Person Resigning)*

MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Lisa Sapp

Signature of Dissociating Member or Resigning Manager

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

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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: Radiate Wellness, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000257855

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2023

4. I, Lisa Sapp, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Lisa Sapp

Signature of Dissociating Member or Resigning Manager

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