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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: FRUITS OF LIFE RETREAT, 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:

GINETTE DESROULEAUX							
(Contact Person)							
Fruits of Life Retreat							
(Firm/Company)							
6863 Lakeside Road							
(Address)							
WPB, FL 3341/ (City/State and Zin Code)							
(City/State and Zin Code)							

For further information concerning this matter, please call:

Ginette Desrouleaux at (561) 329-4600 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 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



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	he Florida Department
of State is: _ F	Ruits	OF	LIFE	RETREA:	T, LLC.
2. The Florida docu	ıment/registratio	on number	assigned to t	his limited liability	company is:
L 1800	0110038		·		
3. The date this me	_				
4. I. LANCE (Print N	<u>DESROU (</u> ame of Person Reso	(EAU)	X, here	by withdraw/resigr	nasa DECEASED
MANA	CFP				SECULIAR TO MY
of this limited liab resignation in wri	oility company a	ınd aftirm	the limited l	iability company ha	
(-{/	elo, n				LAN OF STAT
Signature of Di	ssociating Mem	ber or Res	signing Mana	ger	司
Filing Fee:					
Certified Copy:	\$30.00 (Opti	onal)			