L18000141199

(Requ	uestor's Name)			
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C. GOLDEN
JUN 2 1 2019

COVER LETTER

TO:

CR2E079 (2/14)

TO:		stration Section ion of Corporations			
SUBJI	ECT:	Live Well CBD and Holistics, L	LC		
	(Name of Limited Liability Company)				
The en	iclosec	I member, resignation or dissociati	on and fee(s)	are submitted for filing.	
Please	return	all correspondence concerning this	is matter to:		
Marga	aret L	atham			
	<u>. </u>	(Contact Person)		-	
Live \	Vell C	BD and Holistics, LLC			
		(Firm/Company)		-	
308 C	Cinnar	mon Bark Ln		_	
-		(Address)			
Orlan	ido FL	32835			
		(City/State and Zip Code)		•	
For fu	rther i	nformation concerning this matter.	please call:		
Marg	aret L	atham	321	961-5792	
	(1)	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclos □ \$25		ease find a check made payable to g Fee	the Florida D ■ \$55 Filing	Department of State for: Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
~		Section Corporations		Registration Section Division of Corporations	
	n Buil	•		P.O. Box 6327	
2661 1	Execu	tive Center Circle Florida 32301		Tallahassee, Florida 32314	

I, Victoria Mendez, withdraw/resign as a member of the Florida Limited Liability Company, Live Well CBD and Holistics, LLC DBA Blue Lotus Botanicals with Florida document/registration number L18000141199. I acknowledge that my interest in the company is \$0.00 and that I require no financial compensation, either now or in the future, for resigning as a member of Live Well CBD and Holistics, LLC.

Victoria Mendez

Signed this 28th day of May, 2019



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)

	limited liability company a	as it appears on the records of the Florida Department
	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/ro	esigned or will withdraw/resign is: , hereby withdraw/resign as a
Authorized M		
resignation in wr		the limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2019 JUN