

L18000197516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

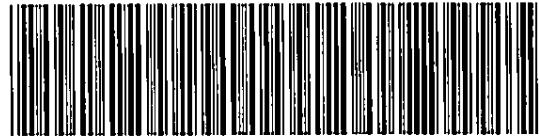
(Business Entity Name)

(Document Number)

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OCT - 5 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRM BIOCELL WELLNESS GROUP, 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:

Miguel Bertonatti

(Contact Person)

CRM BIOCELL WELLNESS GROUP, LLC

(Firm/Company)

13499 Biscayne Blvd Suite 106 Unit C

(Address)

North Miami, Florida 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel Bertonatti

786

554-2809

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



FILED  
18 OCT -1 AM 6:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: **CRM BIOCELL WELLNESS GROUP, LLO**

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

L18000197516

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/10/2018

Claymer Blanco

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Member

\_\_\_\_\_  
(Print Title)

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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