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## **COVER LETTER**

то:	Registration Section Division of Corporations	•		
SUBJ	CRM BIOCELL WELLNESS	GROUP, LL	С	
	(Name of Lim	ited Liability Cor	mpany)	
The er	nclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to:		
CLAY	MER BLANCO			
	(Contact Person)	<del></del>	<del>-</del>	
			ź	ಪ <b>ಾ</b>
-	(Firm/Company)			©
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	(Address)		— <u> </u>	
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For fu	orther information concerning this matte	er, please call:		
CLAY	MER R BLANCO	305	606-0258	
	(Name of Contact Person)	\	& Daytime Telephone Numbe	r)
	sed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy	
Regist Divisi Clifto 2661	CET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



## 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)

CRM	limited liability company as	s it appears on the records of the GROUP LLC	e Florida	Depart	tment 	
2. The Florida docu	ument/registration number a	ssigned to this limited liability	company	is:		
L1800019751	6					
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign i	09/15/ is:	′2018		
CLAVMED B	LANCO					
(Print N	'ame of Person Resigning)	, hereby withdraw/resign as a				
AMBR						
-						
resignation in wr		ne limited liability company has	s been not	ified o	of my	
orginate or 15	saveraging Avientice of Resig	5mmg manager	<i>;</i>	53		
_	\$25.00 (Required) \$30.00 (Optional)			對 OCT 15 A		