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(Requi	estor's Name)	
(Addre	ess)	
(Addre	·ss)	
(City/S	state/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

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SECRETARY OF STATE CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Infused Wta 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:	
Yusmany Garcia (Contact Person)	
(Contact Person)	
Infused Vita UC	
, and a surprise of the surpri	
11655 NE 21st Dring	
(Address)	
11655 NE ZIST Drive (Address) North Miami FZ 33/87	
(City/State and Zip Code)	131
For further information concerning this matter, please call:	5 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)	
(Nature of Contact Person) (Area Code & Daytime Telephone Number)	
	SATION 08 12

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

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)

The Florida document/registration number as	ssigned to this limited liability company is:
L#18000200531	
The date this member/manager withdrew/res	igned or will withdraw/resign is:
Joh Maria	
I, (Print Name of Person Resigning)	nereby withdraw/resign as a
MGR	<u>်</u>
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of neg
	•

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)