

48 000 255 376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

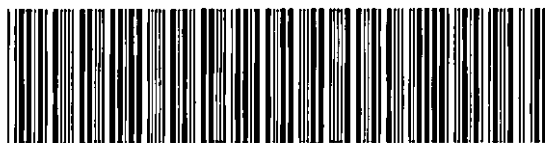
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
JUDICIAL DEPARTMENT

Dissociation
of
Member

MAR 09 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life wellness East
(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:

Zachary Petrover

(Contact Person)

Life Wellness East

(Firm/Company)

22143 Hollyhock tr

(Address)

Boca Raton FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

Zachary Petrover

(Name of Contact Person)

at (561) 260 4072

(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

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
CORPORATIONS
20 FEB 11 PM 4:44



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: Life Wellness East, LLC

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

L 18000255376

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Jan 7, 2020

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

Manager

(Print Title)

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

20 FEB 16 PM 4:44
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE


Signature of Dissociating Member or Resigning Manager

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