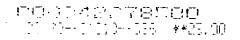
## L19000038741

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		NO\$

Office Use Only



000342278500



R. WEWIT APR 1 5 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1:11 MASSAGE Saminars of Healing Center 11 (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:	
Elvis D SAlvador 03/23/20-01010-036  (Contact Person) 03/23/20-01010-036	
(Firm/Company)	
1955 Sw 162 2 PATH  (Address)  Wiomi FR 33193	
For further information concerning this matter, please call:	
Elvis D SAlvA w at (305 ) 205-87-76  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:   \$\Boxed{\topsigma}\$ \$\\$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



2020. . 14 P" 2:45

## 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 l	limited liability company as it appears on the records of the Florida Department
of State is:1	1:11 MASSAGE SAMINARS & Healing Center Li
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L19001	0038741
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 3-/2-2020
4.1. JAbrial	A Villa Valle., hereby withdraw/resign as a time of Person Resigning)
$\mathcal{M}$	G. <u>P.</u> . Prini Title)
of this limited liab resignation in writ	oility company and affirm the limited liability company has been notified of my ting.
All	Ule .
Signáture of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)