19000091677

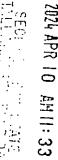
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
IIMIL

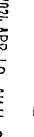




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COVER LETTER

Division of Corporations	
LIFEWEALTH REAL ESTATE TWO, LI	LC
(Name of Limited I	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
JANICE LAMPRECHT	
(Contact Person)	
LIFEWEALTH REAL ESTATE TWO, LLC	
(Firm/Company)	
961 CELADON STREET	
(Address)	
WINTER GARDEN	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
JANICE LAMPRECHT	407 493-8731
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 816
rananassee, r E 52514	Tallahassee, FL 32303

TO: Registration Section



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)

	mited liability company as	• •	he records of th	ie Florida I	Department
of State is:	EALTH REAL ESTATE TWO.				20 2
2. The Florida docum L19000091677	nent/registration number as	ssigned to this	limited liability	company i	LAPR 10
3. The date this mem	ber/manager withdrew/res	igned or will w	vithdraw/resign	is: 01/01/20	24 2
4. 1,(Print Nam	CHT ne of Person Resigning)	, hereby v	vitndraw/resign	as a	ω
MANAGER					
(Pr	rint Title)				
of this limited liabil resignation in writing	ity company and affirm th	ne limited liabil	ity company ha	s been noti	fied of my
TA	MA				
Signature of Diss	ociating Member or Resig	ning Manager			
Filing Fee: Certified Copy:	<u> </u>				