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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
FALL ARIZONA

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T SCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

NACHO STRETCH THERAPY, LLC

**SUBJECT:** \_\_\_\_\_  
(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:

CHRISTOPHER ESCAMILLA

\_\_\_\_\_  
(Contact Person)

NACHO STRETCH THERAPY, LLC

\_\_\_\_\_  
(Firm/Company)

7558 OAKMONT DR

\_\_\_\_\_  
(Address)

LAKE WORTH, FL. 33467

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER ESCAMILLA                      561                      603-2635

\_\_\_\_\_  
(Name of Contact Person)                      at (\_\_\_\_\_) \_\_\_\_\_  
(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

**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



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  
NACHO STRETCH THERAPY, LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L19000158778  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/02/2019  
AMBER DEL VALLE

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MEMBER

\_\_\_\_\_  
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

FILED  
19 SEP 12 AM 11:27  
CLERK OF THE STATE  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA