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TO:

CR2E079 (2/14)

Registration Section

Division of Corporations DNA Health and Life, 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: Daniel Heimbender (Contact Person) DNA Health and Life (Firm/Company) 200 Knuth Road - Suite 206 (Address) Boynton Beach, FL 33436 (City/State and Zip Code) For further information concerning this matter, please call: Daniel Heimbender (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301



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)

	I the limited liability company as it appears on the records of the Flo DNA Health and Life, LLC		·
2. The Florida L190001	document/registration number assigned to this limited liability comp 67469	•	2
Androw			TILTU
resignation in	(Print Title) d liability company and affirm the limited liability company has been writing. of Dissociating Member or Resigning Manager	Dr.	-1

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)