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## **COVER LETTER**

TO:	Regis	Registration Section Division of Corporations				
	Divis					
SUBJ	ECT:	Amron Vitality and Wellnes Center, LLC  (Name of Limited Liability Company)				
The er	nclosec	d member, resignation or diss	ociation and fee	e(s) are submitted for filing.		
Please	return	all correspondence concerni	ng this matter to	o:		
Brunik	da Fonta	nez				
		(Contact Person)		_		
Amron	Vitality	and Wellnes Center, LLC				
		(Firm Company)		<del></del>		
6339 A	argyle Fo	orest Blvd Suite 3				
		(Address)		<del></del>		
Jackson	nville. F	L 32244				
		(City State and Zip Code)	<del></del>	<del></del>		
For fu	rther i	nformation concerning this m	iatter, please cal	П:		
Brunile	la Fonta	nez	904 at (	534-4690		
	(N	ame of Contact Person)	(Area Co	de & Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payab g Fee		Department of State for: ng Fee & Certified Copy		
		ng Address:		Street Address:		
		stration Section sion of Corporations		Registration Section Division of Corporations		
		Box 6327		The Centre of Tallahassee		
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



## 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)

	limited liability company a on Vitality and Wellnes Center, I.		ds of the Florida Department
2. The Florida doci	ument/registration number a	ssigned to this limited li	iability company is:
Lizotta Kenanda	ember/manager withdrew/re		
Authorized Repre	lame of Person Resigning) sentative (Print Title)		C
	bility company and affirm t	he limited liability comp	nany has been notified of my
Filing Fee:	issociating Member or Resigns \$25.00 (Required) \$30.00 (Optional)	yning Manager	2020 JAN 30 AN IO: SECH Talland Section