19000211056

(Requestor's Name)		
(Address)		
(Address)		
(/100/033)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
WMIK		

Office Use Only



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01/08/24--01020--010 ***25.00

COVER LETTER

TO: Registration Section Division of Corporations		
Botanical Remedies LLC SUBJECT:		
(Name of Lim	ited Liability (Company)
The enclosed member, resignation or dissoci	ation and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter t	lo:
Kameron Laurence		
(Contact Person)		
Botanical Remedies LLC		
(Firm Company)		
5457 North Sacramento Avenue		
(Address)		
Beverly Hills. FL 34465		
(City State and Zip Code)		
For further information concerning this matte	er, please ca	II:
Kameron Laurence	305 at (3934847
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida	a Department of State for:
■ \$25 Filing Fee		ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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 as it appears of a liability company as a liability	on the records of the Florida Department
2. The Florida doc 1.19000211056	ument/registration number assigned to the	ais limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or wi	il withdraw/resign is: January 1st, 2024
4. I. Kelsie Hughes (Print N	, heret	y withdraw/resign as a
Co-Owner		
<u> </u>	(Print Title)	
		bility company has been notified of my-
resignation in wr	iting.	i
	Man	
Signature of D	ssociating Member or Resigning Manag	er .
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	