

L19 0002720ZZ

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

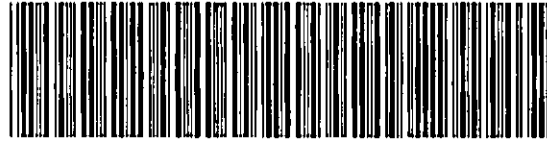
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 DEC 22 AM 11:35  
STATE OF FLORIDA  
TALLAHASSEE, FL

O SIMMONS

FEB 05 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

IHS INTEGRATIVE HEALTH 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:

ALEXANDRE LOPES DUARTE

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

IHS INTEGRATIVE HEALTH LLC

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

8498 POWDER RIDGE TRAIL

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

WINDERMERE FL 34786

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

For further information concerning this matter, please call:

ALEXANDRE LOPES DUARTE                      407                      968-8787

\_\_\_\_\_  
(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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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)

1. The name of the limited liability company as it appears on the records of the Florida Department  
IHS INTEGRATIVE HEALTH LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L19000272022  
\_\_\_\_\_

DEC/11/2020

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
FRANCISCO JOSE CIDRAL FILHO

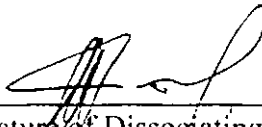
4. I, \_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person Resigning)

AMBR

\_\_\_\_\_  
(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

FRANCISCO JOSE CIDRAL FILHO

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