

L19000 297889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

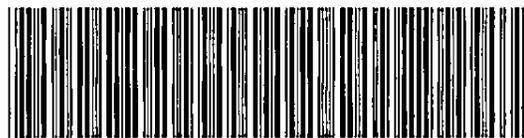
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cc
Resignation

FEB 14 2020
ALBRITTON



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2020 JAN 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of State is: NATURAL CENTERS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000297889

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2020

4. I, Aaron A Leon Gonzalez, 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.

Aaron A Leon Gonzalez
Signature of Dissociating Member or Resigning Manager

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