

**L20 000080998**

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

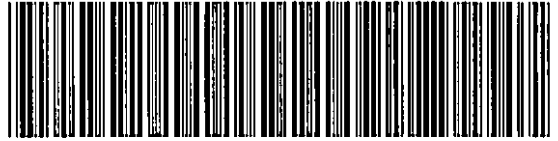
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100366900621

05/25/21--01009--024 \*\*55.00

2021 MAY 23 AM 8:52

3D

11-7

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Identity Wellness Center, LLC  
\_\_\_\_\_  
(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:

Carilyn Hernandez

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

New Identity Wellness Center, LLC

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

18840 NW 57TH AVE APT 108

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

Hialeah, FL 33015

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

For further information concerning this matter, please call:

Carilyn Hernandez

\_\_\_\_\_  
(Name of Contact Person)

786 8049405  
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



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: New Identity Wellness Center, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
85-0489829

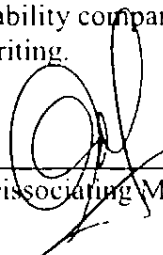
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/05/2021

4. I, Carilyn Hernandez, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MBR

*(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

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

2021 MAY 2  
AM 8:52