

L20000160229

\_\_\_\_\_  
(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



600378918966

01/06/22--01022--009 \*\*50.00

2022 JUN -6 PM 11:03  
4100

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nutrition Specialists Group, 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:

Deborah M. Zachry

(Contact Person)

Nutrition Specialists Group, LLC

(Firm/Company)

21 W. Fee Ave, Ste C

(Address)

Melbourne, FL 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah M. Zachry

321

234-4045

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee X 2

☐ \$55 Filing Fee & Certified Copy

(\$50 Filing Fee)

**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: Nutrition Specialists Group, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L20000160229
3. The date this member/manager withdrew/resigned or will withdraw/resign is: August, 30, 2021
4. I, Beth Morlang, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Owner/Partner  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Beth Morlang  
Signature of Dissociating Member or Resigning Manager

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

2022 JAN -6 1:11:03