## L20000160229

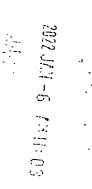
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Nutrition Specialists Group, LLC			
(Name of Limited Liability Company)				
The enclosed	I member, resignation or diss	ociation and fee	(s) are submitted for filing.	
Please return	all correspondence concerni	ng this matter to	:	
Deborah M. Za	echry			
	(Contact Person)		una.	
Nutrition Speci	ialists Group, LLC			
	(Firm/Company)		•••	
21 W. Fee Ave	, Ste C			
	(Address)		_	
Melbourne, FL	32901			
	(City/State and Zip Code)		<del>-</del>	
For further is	nformation concerning this n	atter, please call	:	
Deborah M. Za	echry	321 at (	234-4045	
(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Englosed ple	ase find a check made payab	le to the Florida	Department of State for:	
	Fec X 2		ng Fee & Certified Copy	
(\$50t	ilinate)			
Mailir	ng Address:		Street Address:	
	stration Section		Registration Section	
	ion of Corporations		Division of Corporations	
	Box 6327		The Centre of Tallahassee	
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	

CR2E079 (2/14)



## 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)

		s it appears on the records of the Florida Department
2. The Florida doc	cument/registration number a	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/re	signed or will withdraw/resign is: August, 30, 2021
Beth Morlang		, hereby withdraw/resign as a
	Name of Person Resigning)	, nereby withdrawnesign as a
Owner/Partner		
<del></del>	(Print Title)	
of this limited lia resignation in wa		ne limited liability company has been notified of my
Boy	h Molana	ning Manager 32
Signature of D	issociating Member or Resig	ning Manager
	O	, CD
	\$25.00 (Required)	·-
Fifing Fee:	weston (required)	