

L20 000195717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

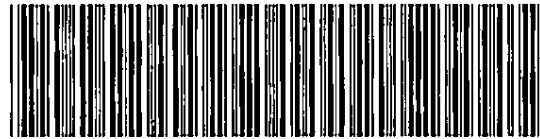
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500351139225

09/28/20 - 0.010 - 00H \* 25.00

FILED

2020 AUG 28 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FL

JR 10/12/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Power Health Florida

(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:

Gady Abramson

(Contact Person)

Power Health Florida

(Firm/Company)

12001 SW 128th Court

(Address)

Miami Florida 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Gady Abramson

954

999-7405

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

☐ \$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: Power Health Florida LLC

2. The Florida document/registration number assigned to this limited liability company is:  
120000195717

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/8/2020

4. I, Andrew Sands, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(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)

**FILED**  
2020 AUG 28 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FL