120000211645

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Nar	ne)		
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Certified Copies	_ Certificates	s of Status		
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Special Instructions to Filing Officer:				
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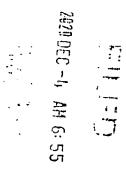
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Office Use Only



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1AN 21 2021 S. YOUNG

COVER LETTER

Division of Corporations	
Healthy Haven Group Home LLC SUBJECT:	
(Name of Li.	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
HASHANNAH LEWIS , Founder, OWNER,	Manage*
(Contact Person)	
HEALTHY HAVEN GROUP HOME LLC	
(Firm/Company)	
8761 N. 56TH ST. #292024	
(Address)	
TAMPA, FL 33617	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
HASHANNAH LEWIS	813
(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	■ S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

TO: Registration Section



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)

	limited liability company as it		of the Florida Department
2. The Florida docu L20000211645	ment/registration number assi	gned to this limited liab	ility company is:
3. The date this me	mber/manager withdrew/resigr	ned or will withdraw/res	sign is:
4. I. Nakia E.	Salters ame of Person Resigning)	, hereby withdraw/re	esign as a
<u>Manager</u>	Print Title)		
resignation in wri	ting and affirm the l		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2650 DEC -4 VIH 6: 22