

L20 000 259 058

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 JAN 30 AM 8:57
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Grace Nutrition
(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:

Michelle Sedlock
(Contact Person)

Southern Grace Nutrition
(Firm/Company)

127 W. Bell St.
(Address)

Avon Park, Fla 33825
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Sedlock at (863) 443-1639
(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

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2023 JAN 30 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FL

**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: Southern Grace Nutrition LLC

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

L20000259058

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1-23-23

4. I, Michelle Sedlak, hereby withdraw/resign as a
(Print Name of Person Resigning)

50-50 owner
(Print Title)

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

Michelle Sedlak
Signature of Dissociating Member or Resigning Manager

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