

K20 000293873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

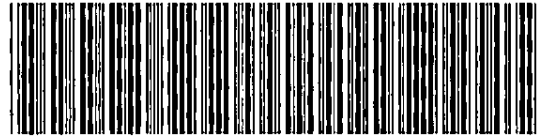
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 20 PM 3:55

FILED

Resignation

SEP 20 2021

J ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holistic Modalities 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:

Tom Pankratz
(Contact Person)

Holistic Modalities
(Firm/Company)

1400 81st Av N.
(Address)

St. Pete, FL 33702
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Pankratz at (727) 437-6265
(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

2021 SEP 20 AM 11:31

August 26, 2021

TOM PANKRATZ
1400 81ST AVE N.
ST. PETE, FL 33702

SUBJECT: HOLISTIC MODALITIES LLC
Ref. Number: L20000293873

We have received your document for HOLISTIC MODALITIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date of resignation in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 021A00020671



2021 SEP 20 PM 3:55

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: Holistic Modalities LLC

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

12000093873

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/14/21

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

MANAGER

(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)