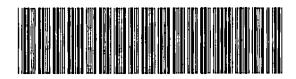
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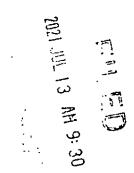
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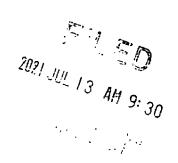
Division of Corporations Trinity Therapeutic Wellness Center LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Dr. Malcolm L. Thomas Jr. (Contact Person) Trinity Therapeutic Wellness Center LLC (Firm/Company) 4960 NW 16 Street (Address) Lauderhill FL 33313 (City/State and Zip Code) For further information concerning this matter, please call: Dr. Malcolm L. Thomas Jr. (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: 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

CR2E079 (2/14)

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)

	ty Therapeutic Wellness Center L	s it appears on the records of the Florida Department
		assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I. Walker Quarterman (Print Name of Person Resigning)		
Manager	ame of terson reasoning	
	(Print Title)	
resignation in wr	riting.	he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	