

L22000076086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

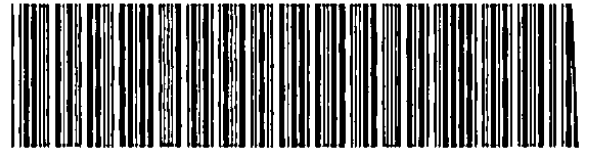
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Living Truth Brand 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:

Miosotis Bravo

(Contact Person)

Living Truth Brand LLC

(Firm/Company)

5663 Dewberry Way

(Address)

West Palm Beach Florida 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

Miosotis Bravo

(Name of Contact Person)

at (561) 345-4304

(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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: Living Truth Brand LLC
2. The Florida document/registration number assigned to this limited liability company is: L22000076086
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/28/2022
4. I, Jose Caleb Nieves Barrientos, 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.

J. C. N. - BA.
Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE
TALLAHASSEE, FL

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