## 122000194649

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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**D CUSHING** 

## **COVER LETTER**

TO: Registration Section				
Division of Corporations				
Subject: Sage Hydration LLC				
(Name of Limi	ited Liability Company)			
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.			
Please return all correspondence concerning to	this matter to:			
Kiz Tosi				
(Contact Person)				
Sage Hydration LLC				
(Firn+Company)		<b>~</b> >		
121 Courthouse Terrace		2022 JUL		
(Address)		า 25		
Crestview FL 32536		T0		
(City/State and Zip Code)		<del></del>		
For further information concerning this matte	er, please call:	5 <b>3</b>		
Kiz Tosi	8105133942 at ( )			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to	·			
■ S25 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 81	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



## 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	appears on the records of the Flo	rida Department
		igned to this limited liability com	202
2. The Florida doct	ment/registration number assi	glied to this infinied hability comp	200 € - 30 -
L22000194649			三:
		·	12
2. The data this ma	mharlmanagar withdraw/rasia	ned or will withdraw/resign is:	) July 2022
	mber/manager withdrewresig	ned of will withdraw.resign is	
Rachael Lyons 4. I,		hereby withdraw/resign as a	المحالة المستدان
(Print 8	ame of Person Resigning)	, hereby withdraw/resign as a	ద్ర
MGR			
	Print Title)		
of this limited lia resignation in wr		limited liability company has bee	n notified of my
Rachael	Lycena		
Signature of D	ssociating Member or Resigni	ing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		