

L22000257486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

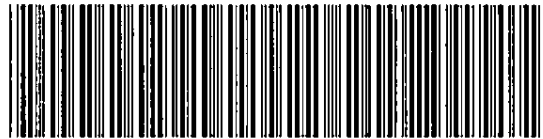
(Business Entity Name)

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VIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZEN MEDICINE, 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:

Catherine O'Connor

(Contact Person)

ZEN MEDICINE, LLC

(Firm/Company)

520 SE DIXIE HWY

(Address)

STUART, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine O'Connor

772

888-2830

at ()

(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



Catte Oconnor <catteoconnor@gmail.com>

Resignation and Personal Belongings at Zen Medicine LLC

2 messages

Stephanie Pearson <stephanie_pearson@icloud.com>

Tue, Sep 12 at 12:33 PM

To: Catte Oconnor <catteoconnor@gmail.com>, Edward Pearson <dr.edward@me.com>

Dear Catherine,

I hope this email finds you well. I am writing to formally resign from my position at Zen Medicine LLC, effective now and retrieval of my personal belongings from the office.

Before I proceed, I want to express my gratitude for the opportunities and experiences I have had at Zen Medicine. It has been a pleasure working with you and the entire team, and I have learned a great deal during my time here.

Per our agreement, I am passing my equity to Edward Pearson. This can be discussed further on Fridays call.

Regarding my personal belongings, I kindly request permission to take the following items with me:

1. Computer in the back office
2. White Apple Pod (located by the IV chairs)
3. Small iPad with an orange cover
4. Young Living Essential Diffuser
5. White glass with white and blue balls (previously discussed with you)
6. Tower Gardens
7. Massage chair
8. Oxygen Bar

Additionally, I would like to bring home all the books on the bottom shelf. These books are part of my personal library, and some were given to me or intended for sharing with others.

I would also like to inform you that the other two iPads in the ketamine room, including the one with engraving that was a Christmas gift to Ed, can continue to be used by the team. Please feel free to utilize them until you can replace them.

I understand that there may be certain protocols or procedures to follow when retrieving personal belongings, and I am more than willing to comply with any necessary requirements. Please let me know the preferred method and timing for collecting these items.

Once again, I want to express my appreciation for the support and opportunities provided to me during my tenure at Zen Medicine. I am confident that the team will continue to thrive and achieve great success in the future.

If there are any additional tasks or responsibilities that you would like me to complete before my departure, please do not hesitate to inform me. I am committed to ensuring a smooth transition and will do my best to assist in any way possible.

Thank you for your understanding and cooperation. I look forward to hearing from you regarding the retrieval of my personal belongings.

Sincerely,

Stephanie Pearson

772-237-9443

Stephanie_Pearson@icloud.com

Health is a state of Body~ Wellness is a state of Being~ Nourish the Mind, Body, & Soul

Confidentiality Notice

This email and any attachments are confidential. If you are not the named addressee, please do not disseminate, copy, or use the information. If you have received this email in error, please notify the sender immediately.



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: ZEN MEDICINE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.22000257486

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/12/2023

4. I, STEPHANIE PEARSON, 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.

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FL