122000320962

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
,							
Certified Copies Certificates of Status							
							
Special Instructions to Filing Officer:							
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J DEMNIS							
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COVER LETTER

Division of Cor	porations			
SUBJECT:	SCIENCE	LIFE	USA LL	5
	(Nan	ne of Lim	ited Liability Cor	mpany)
The enclosed member,	resignation or	· dissoci	ation and fee(s	s) are submitted for filing.
Please return all corres	pondence con	cerning	this matter to:	
PAULIN	BLANC HE Contact Person)	ET	<u></u>	_
(Contact Person)			
(Firm/Company)		·····	_
400 AMON	ROAD	UNIT	1118	<u></u>
	(Address)			
MIAMI	BEACU /State and Zip Co	FL	33139	- -
(City	/State and Zip Co	de)		
For further information	concerning th	his matt	er, please call:	
MARIA	HANOMAN	ر	at (754	235 - 3385 & Daytime Telephone Number)
(Name of Cor	itact Person)		(Area Code	e & Daytime Telephone Number)
Enclosed please find a	check made p	ayable t	o the Florida I	Department of State for:
□ \$25 Filing Fee		•		g Fee & Certified Copy
Mailing Address:				Street Address:
Registration Se				Registration Section
Division of Cor	porations			Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL	32314			2415 N. Monroe Street, Suite 810
rananassee, fl	, JZJ17t			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)

1. The name of the	limited liability con	mpany as	s it appea	irs on the records o	f the Florida Department
of State is:	SCIENCE	LIFE	U5 A	LLC	
2. The Florida doc	ument/registration r	iumber a	ssigned	o this limited liabil	ity company is:
Laz	000320962				
3. The date this me	ember/manager with	ndrew/res	signed or	will withdraw/resi	gn is: July 17, 2023
4. I, M &t	MA HANOMAN	<u> </u>	, h	ereby withdraw/res	ign as a
(Print)	Name of Person Resigni	ng)			
VICE	- PRESIDENT				
	(Print Title)				
of this limited lia resignation in w	•	affirm tl	he limite	d liability company	has been notified of my
Maric Signature of D	x Hamma Dissociating Member	OLA or Resig	gning Ma	mager	3ELREȚI 2023 Jul
C				C	ARY 25
	\$25.00 (Require				P P
Certified Copy:	\$30.00 (Option	al)			101:10