

h22 000 329331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

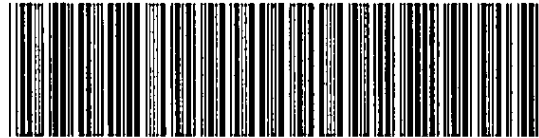
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Health Yeah Foods 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:

Carola Olses

(Contact Person)

Cales W LLC

(Firm/Company)

1025 E Hallandale Beach Blv Ste 15 # 921

(Address)

Hallandale Beach FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Carola Olses

786

5699706

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2022 AUG 11 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Health Yeah Foods LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000329331

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/08/2022

4. I, Carola Olses, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member/Manager  
(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  
Carola Olses

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