

L23000247042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

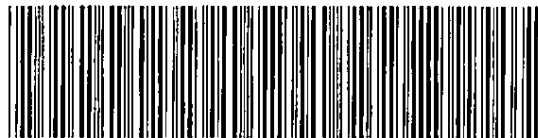
(Document Number)

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S. CHATHAM

AUG 13 2023

07/05/23--01018--006 \*\*25.00

2023 JUL -5 AM 7:49  
S. CHATHAM

**TO:** Registration Section  
Division of Corporations

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Orlando, Florida 32810

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(City/State and Zip Code)

**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

**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: THE DWELL WELL GROUP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.23000247042


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/22/23

4. I, JUAN PABLO CORREA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(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)