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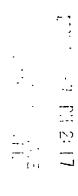
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TO: Registration Section Division of Corporations

TRANQUIL TIDES PSYCHIATR SUBJECT:	Y AND WELLN	IESS PLLC	
(Name of Li	mited Liability C	Company)	
The enclosed member, resignation or disso-	ciation and fee	e(s) are submitted	for filing.
Please return all correspondence concerning	g this matter to	o:	
Lauren Marsicano, Esq.			
(Contact Person)			
Marsicano + Leyva PLLC			8-7 1
(Firm/Company)			
1600 Ponce de Leon Blvd., 10th Floor			7
(Address)			
Coral Gables, FL 33134			1.0
(City/State and Zip Code)			ca
For further information concerning this ma	tter, please cal	11:	
Lauren Marsicano, Esq.	305 at (721-2917	
(Name of Contact Person)	(Area Co	de & Daytime Telep	hone Number)
Enclosed please find a check made payable		a Department of Staing Fee & Certified	

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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appear	rs on the records of the Florida Department NESS PLIC
	ument/registration number assigned to	
	ember/manager withdrew/resigned or vicos ON, here tame of Person Resigning)	
AMBR and Own	er (Print Title) bility company and affirm the limited	liability company has been notified of my
Signature of D	iting. Security Secu	nager
_	\$25.00 (Required) \$30.00 (Optional)	· - :: =::