

M08000000465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

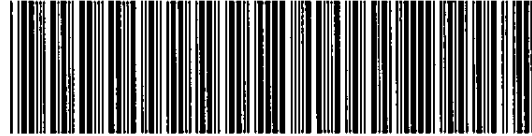
(Document Number)

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

Special Instructions to Filing Officer:

Balance due

Office Use Only



400277773624

10/19/15--01040--013 \*\*60.00

10/07/15--01020--008 \*\*340.00

2015 OCT 16 P 2:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 19 2015

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2015

ELIZABETH A. STRAUB  
NATIONAL CORPORATE RESEARCH, LTD  
615 S. DUPONT HIGHWAY  
DOVER, DE 19901

SUBJECT: WELLNESS LIFE SYSTEMS, LLC  
Ref. Number: M08000000465

We have received your document for WELLNESS LIFE SYSTEMS, LLC and your check(s) totaling \$340.00 of which \$325.00 has been applied to file the other document(s)-leaving a balance of \$15.00 to file this document. However, the document has not been filed and is being retained in this office for the following:

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

There is a balance due of \$60.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 215A00021318

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WELLNESS LIFE SYSTEMS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M08000000465

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth A. Straub  
Name of Person

National Corporate Research, Ltd.  
Name of Firm/Company

615 S. Dupont Hwy  
Address

Dover, DE 19901  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Straub at ( 866 ) 621-3524  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**National Corporate Research, Ltd.**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for \_\_\_\_\_

**WELLNESS LIFE SYSTEMS LLC**

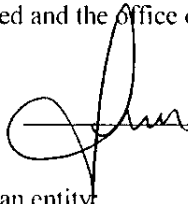
\_\_\_\_\_  
Name of Limited Liability Company

**M08000000465**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**Florence Spelzhausen**

\_\_\_\_\_  
Typed or Printed Name

**Assistant Secretary**

\_\_\_\_\_  
Capacity

**FILED**  
2015 OCT 16 P 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**