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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

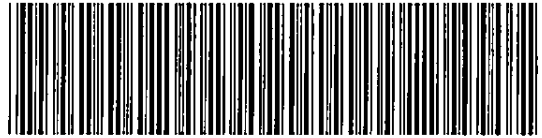
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marlens Wellness Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A21000000260

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sarah Balen

Contact Person

MyCompanyWorks, Inc.

Firm/Company

187 E. Warm Springs Road, Suite B

Address

Las Vegas, NV 89119

City, State and Zip Code

filings@mycompanyworks.com

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

For further information concerning this matter, please call:

Sarah Balen

at (702) 362-2677

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Registered Agent Solutions, Inc.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Marlens Wellness Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

A21000000260

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by
the Florida Department of State.

/S/ Jennifer Peters

Signature of Registered Agent

If signing on behalf of an entity:

Jennifer Peters

Typed or Printed Name

Authorized Representative of Registered Agent Solutions, Inc

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

2024 JUL 15 11:20
FILED