

L02000026660

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DIVISION OF CORPORATIONS
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Ra Resignation

FEB 04 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINNIE CHIROPRACTIC CENTER LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L02000026660

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:

Lehn E. Abrams

Name of Person

Arnold, Matheny & Eagan, P.A.

Name of Firm/Company

605 E. Robinson Street, Suite 730

Address

Orlando, Florida 32801

City/State and Zip Code

labrams@ameorl.com

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

For further information concerning this matter, please call:

Lehn E. Abrams

407

841-1550

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Arnold, Matheny & Eagan, P.A. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Finnie Chiropractic Center LLC

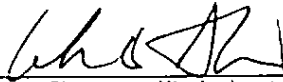
Name of Limited Liability Company

L02000026660

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:

Lehn E. Abrams

Typed or Printed Name

Pres.

Capacity

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DIVISION OF CORPORATIONS
20 JAN 14 AM 10:57

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