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Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT RESIGNATION
NU INSTITUTE FOR AGE MANAGEMENT AND
INTERVENTION, LL

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2017 DEC -8 PM 8:21

17 DEC -8 PM 8:47

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J. LEGGETT
DEC 11 2017

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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,

CF REGISTERED AGENT, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for **NU INSTITUTE FOR AGE MANAGEMENT AND
INTERVENTION, LLC**

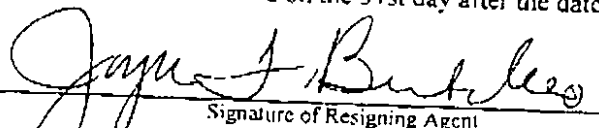
Name of Limited Liability Company

L03000022500

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:

Joyce F. Bentubo

Typed or Printed Name

Secretary

Capacity

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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withdrawn limited liability company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

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