

10/19/2017 08:18

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CARLTON FIELDS

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CARLTON FIELDS.  
Account Number : 076077000355  
Phone : (813) 223-7000  
Fax Number : (813) 229-4133

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_ N/A

**LLC REGISTERED AGENT RESIGNATION  
INTERACTIVE HEALTH SYSTEMS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 OCT 19 AM 11:48

FILED

OCT 19 2017

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Y. W. KER

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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,  
OF REGISTERED AGENT, INC.

Name of Registered Agent

hereby resigns as

Registered Agent for INTERACTIVE HEALTH SYSTEMS, LLC

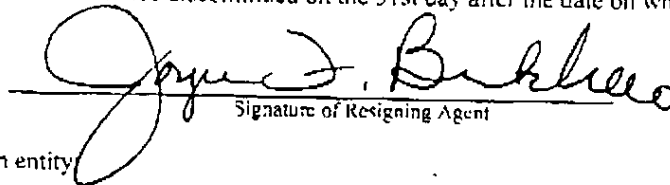
Name of Limited Liability Company

L04000019007

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 BENTUBO

Typed or Printed Name

SECRETARY

Capacity

**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withdrawn limited liability company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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