L040000 72838

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(Reque	estor's Name)	
(Addre	ess)	
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(City/S	state/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Dоси	ment Number)	
Certified Coples	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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DIVERSE SUBSECTIONS
ON ANASSEE FLORIDA

7 BEALANT OCT 2, 5002

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: THE HEACTH STATION LLC (Name of Limited Liability Company) DOCUMENT NUMBER: LO40000 2838
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:
LEA DIGIOVANOI (Name of Person)
THE HEXTH SATONIC PER TO THE (Name of Firm/Company)
2500 N. Itwy AIA (Address)
TWO ALANTIC FL 32503 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (32) 3-5678 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Bud Nicol hereby resign as MGR	M
of THE HEALTH STATION LC (Title) (Limited Liability Company)	······································
a limited liability company organized under the laws of the State of Florial	<u>A</u> _,
and affirm that the limited liability company has been notified in writing of the resignat	ion.
(Signature of resigning manager, managing member or member)	2005 SEF
L AT AT A S	FILE SEP 26
	R 2: 1:
	25 3 25 3

FILING FEE IS \$25.00

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