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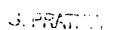
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2019

KRISHN ANBNEK & Kristin Awtonek 18942 NORTH DALE MABRY, #101 LUTZ, FL 33548

SUBJECT: THE GROWTH CENTER PLLC

Ref. Number: L06000018041

We have received your document for THE GROWTH CENTER PLLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather Regulatory Specialist III

Letter Number: 719A00007037

RECEIVED
APR 2 9 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Gowth Center Name of Limited Liability Company
DOCUMENT NUMBER: <u>L060000(804)</u>
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:
Thomas Antorek Name of Person
The Growth Center Name of Firm/Company
18942 Worth Date Mahry #101
Lutz FL 33548 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Krish Ashonek at (813) 949-7114 Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida Statutes, the undersigned,	
The	Same of Registered Agent., hereby re-	signs as
Registered Agent for	1000101	
	Name of Limited Liability Company	·
L 0600 Document Num	2001804] aber. if known	
A copy of this resignation	was mailed to the above listed limited liability company a	t its last known address.
The agency is terminated	and the office discontinued on the 31st day after the date of	n which this statement is filed.
	Thomas Autak	
- -	Signature of Resigning Agent	
If signing on behalf of an	entity:	2019 APR 29
-	Typed or Printed Name	
-	Capacity	PH 5: 35

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