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2019 APR 29 PM 5:35

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J. PRATT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2019

KRISHN ANBNEK ← *Kristin Antonek*  
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 29 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Growth Center  
Name of Limited Liability Company

DOCUMENT NUMBER: LO6000018041

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 Aubrek  
Name of Person

The Growth Center  
Name of Firm/Company

18942 North Dale Mabry #101  
Address

Lutz FL 33548  
City/State and Zip Code

kristin@thegrowthcenter.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Aubrek 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 of section 605.0115, Florida Statutes, the undersigned,

Thomas Andonick, hereby resigns as  
Name of Registered Agent

Registered Agent for The Growth Center  
Name of Limited Liability Company

L06000018041  
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.

Thomas Andonick  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

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2019 APR 29 PM 5:35  
TALLAHASSEE, FL

## 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