

LOG000060518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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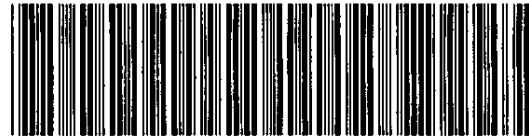
(Business Entity Name)

(Document Number)

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14 JUN 12 AM 11:02
PUBLIC
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
JUN 25 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Muscle Eze, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000060518

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:

Neil W. Holmes
Name of Person

Muscle Eze, LLC.
Name of Firm/Company

2620 Manatee Ave. W.
Address

Bradenton, Fl. 34205
City/State and Zip Code

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

For further information concerning this matter, please call:

Neil W. Holmes at (941) 981-0880
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

14 JUN 12 AM 11:02

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kevin J. Holmes

, hereby resigns as

Name of Registered Agent

Registered Agent for _____

Muscle Eze, LLC

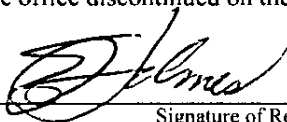
Name of Limited Liability Company

L06000060518

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:

Typed or Printed Name

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**