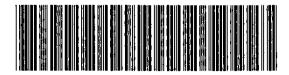
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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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FILED
2012 JUN 20 PM 3: 45
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN
JUN 2 9 2012
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

•	
	ING ENTERPRISES, LLC
DOCUMENT NUMBER:	L07000007513
The enclosed Resignation of Registered Ag for filing.	gent for a Limited Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to the following:
Ally Martin Name of Person	Articular with the state of the
Better Living Enterprises, L Name of Firm/Company	LC =
4270 Oak Circle	FILED 2012 JUN 20 PH 3: 45 SECRETARY OF STATE TALLAHASSEE, FLORID
Address	JUN 20 PI CRETARY OF LAHASSEE.
Boca Raton, FL 33431	PH 3: 45 EE, FLORIDA
City/State and Zip Code	ORDER 5
<u>betterlivingflorida@gmail.c</u> E-mail address: (to be used for future annual r	om preport notification)
For further information concerning this ma	
Ally Martin Name of Person	at (561) 347-1382 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Fl liability company or \$25.00 for an administ limited liability company.	orida Department of State for \$85.00 for an active limited tratively dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 608.416(2) or 608.50	9, Florida Statutes, the u	ındersigned,		
Gerald Murchie , hereby Name of Registered Agent		, hereby	, hereby resigns as		
		,,,			
Registered Agent for	Better Liv	ing Enterprises, LL	С		
	Name of Limited Liability C	Company			
L070000075	13				
Document Number, if k	nown				
A copy of this resignation was n	nailed to the above listed li	mited liability company	at its last know	n addre	ss.
The agency is terminated and the	e office discontinued on the	_	on which this st	atemen	t is filed
	Signature of I	Resigning Agent	 1	~>	
If signing on behalf of an entity:	ľ		ALC SEC	2012 JUN 20	
	Mitchell Al	kins	CRETAR)	Ē	<u> </u>
	Typed or Printed	Name	AR (SS	20	
	Manager/Me	ember	m _C		П
	Capacity		F STATE FLORIDA	PM 3: 45	O

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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