

LD7000027247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

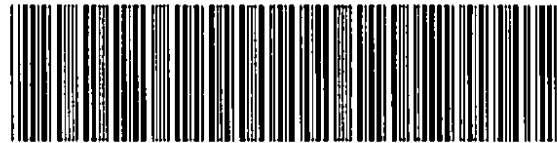
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 14 PM 12:50
NOTARY PUBLIC STATE
PALM BEACH, FLORIDA

S. WARREN

NOV 15 2017

2017 NOV 13 PM 1:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worldwide Diabetic Health & Nutrition Center LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000027247

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:

Courtenay Rodonets

Name of Person

Worldwide Diabetic Health & Nutrition Center LLC

Name of Firm/Company

11 S. Dixie Hwy

Address

Lake Worth, FL 33460

City/State and Zip Code

Courtenay@worldwideDHNC.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtenay Rodonets

at (603) 828-6125

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Robert Krebs _____, hereby resigns as

Name of Registered Agent

Registered Agent for Worldwide Diabetic Health & Nutrition Center LLC

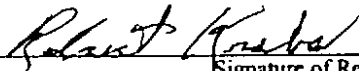
Name of Limited Liability Company

L07000027247

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

FILED
17 NOV 14 PM 12:50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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