

LD 7000027247

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 15 2017

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

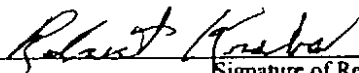
Name of Limited Liability Company

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

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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