

L08000004787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

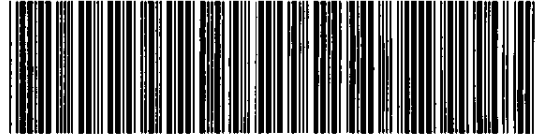
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/09--01010--013 **85.00

FILED
09 MAR 18 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DA Resign
Theirs
3-24-09

Barbara M Georgiades
P O Box C
Stuart, FL 34995

March 13, 2009

Florida Dept of State
Division of Corporations

RE: Natural Alternatives in Health LLC

Document # L0800004787

Attached please find my second attempt to remove myself from this corporation. I am attaching a Resignation of Registered Agent along with Resignation of a Member with a check to cover the costs of same. Should you need any additional information please contact me directly at 772-708-7621.

Your promptness in this matter would be appreciated.

Sincerely,



Barbara Georgiades
772-708-7621

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Natural Alternatives in Health LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L08000004787

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:

Barbara M Georgiades

(Name of Person)

Natural Alternatives in Health LLC

(Name of Firm/Company)

P O Box C

(Address)

Stuart, FL 34995

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara M Georgiades

(Name of Person)

at (772) 708-7621

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Barbara M Georgiades

(Name of Registered Agent)

Registered Agent for Natural Alternatives in Health LLC

(Name of Limited Liability Company)

L08000004787

(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.

Barbara M Georgiades
(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

