

L08000090693

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FEB 12 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Weight Place, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000090693

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:

Charles B. Koval

Name of Person

Dell Graham, PA

Name of Firm/Company

203 NE 1st Street

Address

Gainesville, FL 32601

City/State and Zip Code

ckoval@dellgraham.com

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

For further information concerning this matter, please call:

Charles B. Koval

Name of Person

at (352) 372-4381

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Bonnie G. Green, MD

Name of Registered Agent

Registered Agent for The Weight Place, LLC

Name of Limited Liability Company

L08000090693

Document Number, if known

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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

attorney for Bonnie G. Green

If signing on behalf of an entity:

Charles B. Koval, Esq.

Typed or Printed Name

Attorney

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withdrawn limited liability company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