

L09000053705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/11--01011--014 **25.00

06/27/11--01018--007 **60.00

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11 JUN 24 PM 1:54

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AT Register
6/28/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Weightloss Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald J. Williams
Name of Person

10174 Belgrove Ave
Firm/Company
Address

Daphne AL 36524
City/State and Zip Code

Will0807@Att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Williams at (251) 447-0807
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2011

DONALD J WILLIAMS
10174 BELGROVE AVE
DAHHNE, AL 36526

SUBJECT: SOUTHERN WEIGHT LOSS SOLUTIONS, LLC
Ref. Number: L09000053705

We have received your document for SOUTHERN WEIGHT LOSS SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$60.00 due.

The fee to resign as registered agent of an active limited liability company is \$85.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy H. Lemieux
Regulatory Specialist II

Letter Number: 511A00014168

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11 JUN 24 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Warren A Stovall, hereby resigns as
Name of Registered Agent

Registered Agent for Southern Weightloss Solutions, LLC
Name of Limited Liability Company

27-0342474 L09000053705
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.

Warren A Stovall Warren A Stovall
Signature of Resigning Agent

If signing on behalf of an entity:

Warren A Stovall
Typed or Printed Name
Member
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