

L09000109893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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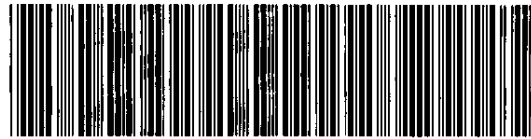
(Business Entity Name)

(Document Number)

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10 JUN 16 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

APPROVED  
6/15/10  
K

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Patriot Health and Wellness, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000109893

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:

Stuart H. Fox, M.D.  
Name of Person

Patriot Health and Wellness, LLC  
Name of Firm/Company

1701 SE Hillmoor Dr, Ste: A-1  
Address

Port St. Lucie, FL 34952  
City/State and Zip Code

contact@patriothealthandwellness.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart H. Fox, M.D. at ( 772 ) 237-1313  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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,

Arash Mossafa

Name of Registered Agent

, hereby resigns as

Registered Agent for Patriot Health and Wellness, LLC

Name of Limited Liability Company

L09000109893

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:

Arash Mossafa

Typed or Printed Name

Capacity

10 JUN 14 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
FILED

### 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