

U1000009667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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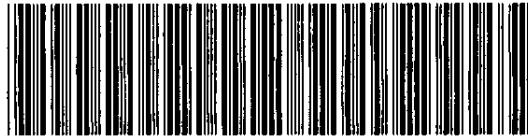
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15 JUL 30 PM 2:30

JUL 31 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRATED HEALING CLINIC, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000009667

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:

TIM A. HAMED

Name of Person

TIM A. HAMED, CPA, PA

Name of Firm/Company

15310 AMBERLY DRIVE, SUITE 250

Address

TAMPA, FL 33647

City/State and Zip Code

timhamed@yahoo.com

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

For further information concerning this matter, please call:

TIM A HAMED

at (813) 514-2905

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
15 JUL 30 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

TIM A. HAMED, CPA, P.A.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for INTEGRATED HEALING CLINIC LLC

Name of Limited Liability Company

L10000009667

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.

Tim A. Hamed

Signature of Resigning Agent

If signing on behalf of an entity:

TIM A. HAMED

Typed or Printed Name

PRESIDENT

Capacity

FILED
15 JUL 30 PM 2:30
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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