

L100000046360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400274983814

09/28/15--01052--004 **85.00

FILED

2015 SEP 28 A 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2015
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jouvence, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000046360

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

Name of Person

Brian Palmer CPA PA

Name of Firm/Company

2937 Bee Ridge Rd, Ste 2

Address

Sarasota, FL 34239

City/State and Zip Code

palmercpa@comcast.net

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

For further information concerning this matter, please call:

Barbara

Name of Person

at (

941

) Area Code

9224744

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
2015 SEP 28 A 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Brian Palmer, CPA

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **Jouvence, LLC**

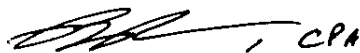
Name of Limited Liability Company

L10000046360

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.

 , CPA

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2015 SEP 28 A 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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