

L10000102235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 APR 27 PM 2:49
DIVISION OF CORPORATIONS

C.L.
5-4-15

GORNTO & GORNTO, P.A.

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Master of Laws in Taxation

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April 24, 2015

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Daytona Beach Health Daytox, LLC

Dear Sir or Madam:

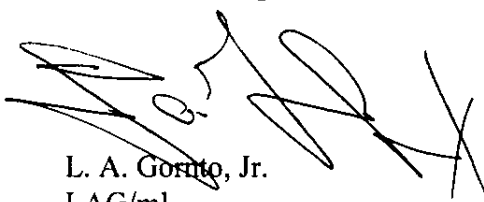
Enclosed for filing is a Statement of Resignation of Registered Agent for a Limited Liability Company.

A copy of this resignation has been mailed to the last known address of the limited liability company

I have enclosed a check in the amount of \$85.00 for all costs.

Thank you for your assistance in this matter.

With kindest regards,



L. A. Gornto, Jr.
LAG/ml
Enclosures

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

L. A. Gornto, Jr., Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for Daytona Beach Health Daytox, LLC

Name of Limited Liability Company

L10000102235

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:

Typed or Printed Name

Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 27 PM 2:49

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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