

L11000002094

(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



000250674890

08/19/13--01031--005 **85.00

FILED
13 AUG 19 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 21 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Life Counseling Solutions, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000002094

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:

Suzanne Rucker
Name of Person

Life Counseling Solutions, LLC
Name of Firm/Company

182 W. SR 434, Suite 1016
Address

Longwood FL 32750
City/State and Zip Code

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

For further information concerning this matter, please call:

Janie Lacy at (407) 924-7533
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

FILED
13 AUG 19 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Suzanne M Rucker, hereby resigns as
Name of Registered Agent

Registered Agent for Life Counseling Solutions, LLC
Name of Limited Liability Company

L11000002094
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Suzanne Rucker
Typed or Printed Name
Registered Agent
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