

10/30/2032 02:11

L11000 115737

45520 P.001/002

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000293081 3)))



H140002930813ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
GOSB HEALTH LIFESTYLE LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
14 DEC 19 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

14 DEC 19 AM 11:33

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2014

T. CARTER

Electronic Filing Menu

Corporate Filing Menu

Help

H1400029303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Consulting Services of South Florida, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for GOSB Health Lifestyle LLC

Name of Limited Liability Company

L11000115737

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:

Antonio Garcia

Typed or Printed Name

President

Capacity

FILING FEES:

~~\$45.00~~

\$25.00

Active limited liability company

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withdrawn limited liability company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

INHS17 (2/14)

H1400029303

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 19 AM 11:33