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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SLIMNOW MD, LLC			
	me of Limited Liability	Company	
DOCUMENT NUMBER: L120000			
The enclosed Resignation of Registers for filing.	ed Agent for a Limited	d Liability Company a	nd fee are submitted
Please return all correspondence conce	erning this matter to the	he following:	
Anne Paul			
Name of Person		-	
Woods Weidenmiller Michetti Rud	nick & Galbraith, PL	-	
Name of Firm/Comp	any	-	- 1 F
9045 Strada Stell Ct. #400			の。日常
Address	•	_	0 22
Naples, FL 34109			
City/State and Zip C	ode	-	
			# 20
E-mail address: (to be used for future an	nnual report notification)	-	
For further information concerning the	is matter, please call:		
Anne Paul	239	325-4070	
Name of Person	Area Code	Daytime Telephone N	lumber
Enclosed is a check made payable to t liability company or \$25.00 for an adriability company.	he Florida Departmen ninistratively dissolve	at of State for \$85.00 feed, voluntarily dissolve	or an active limited ed or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
		Executive Center Circle	;
•		assee, FL 32301	

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	115, Florida Statutes, the undersigned,	
Joshua D. Rudnick	, hereby resi	ons as
Name of Registered A		510 40
Registered Agent for SLIMNOW MD, I	LLC	
Name of	Limited Liability Company	······································
L12000078420		
Document Number, if known		
-	ne above listed limited liability company at is scontinued on the 31st day after the date on	
	Signature of Resigning Agent	3 Fr
If signing on behalf of an entity:		LABASS LABASS DEC 20
	Typed or Printed Name	# Yn P
	Capacity	₩: 20

FILING FEES: \$ 85.00 Active \$ 25.00 Admi 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withdrawn limited liability company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