

42000088194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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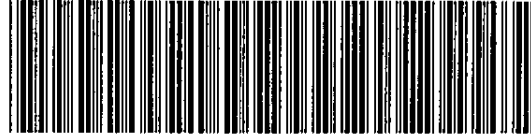
(Business Entity Name)

(Document Number)

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15 AUG 19 PM 4:00
SECRETARY OF STATE
TULALASSEE, FL 32004

AUG 20 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthy America Group L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L1200008814

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:

Christopher M. Ninos C.P.A.

Name of Person

Christopher M. Ninos C.P.A. P.A.

Name of Firm/Company

1600 South Dixie Highway Suite #503

Address

Boca Raton, Florida 33432-7454

City/State and Zip Code

ninoscpa@bellsouth.net

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

For further information concerning this matter, please call:

Christopher M. Ninos C.P.A.

Name of Person

at (561) 750-5466

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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
15 AUG 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL 32304

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Brandon M. Rosen

Name of Registered Agent

, hereby resigns as

Registered Agent for **Healthy America Group L.L.C.**

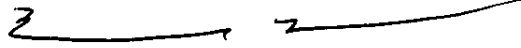
Name of Limited Liability Company

L1200008814

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:

Brandon M. Rosen

Typed or Printed Name

Registered Agent

Capacity

FILED
15 AUG 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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