

L12000097086

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.

((H13000246320 3))



H130002463203ABCV

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 : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

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

Email Address: _____

RECEIVED
13 NOV -6 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
ILUVNUTRITION, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

FILED
2013 NOV -6 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

NOV - 7 2013

T. HAMPTON

COVER LETTER

H13000246320 3

TO: Amendment Section
Division of Corporations

SUBJECT: ILUVNUTRITION, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L12000097086

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:

PHYLLIS D. BROWN
(Name of Person)

INCORPORATING SERVICES, LTD.
(Name of Firm/Company)

3500 S. DUPONT HWY
(Address)

DOVER, DE 19901
(City/State and Zip Code)

For further information concerning this matter, please call:

PHYLLIS D. BROWN at (302) 531-0855
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H13000246320 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

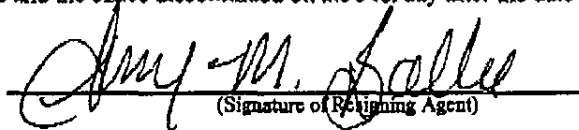
INCORPORATING SERVICES, LTD., hereby resigns as
(Name of Registered Agent)

Registered Agent for ILUVNUTRITION, LLC
(Name of Limited Liability Company)

L12000097086
(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:

AMY M. BALKE
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

FILED
2013 NOV -6 AM 7:36
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314