

112000116002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

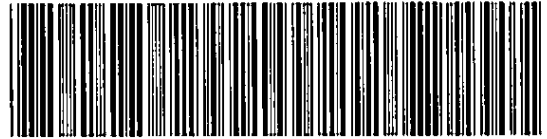
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300371768793

08/16/21--01016--028 **85.00

FILED
2021 OCT 16 PM 3:41
CLERK OF STATE
TALLAHASSEE, FL

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH TOP TRAVEL USA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000116002

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:

HAYDEE CEBALLOS, CPA

Name of Person

CEBALLOS CEBALLOS BESTULICH & PADRON LLC

Name of Firm/Company

890 SOUTH DIXIE HIGHWAY

Address

CORAL GABLES, FL 33146

City/State and Zip Code

hceballos@ecbp-cpas.com

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

For further information concerning this matter, please call:

HAYDEE CEBALLOS, CPA

Name of Person

at (305) 381-0825
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

HAYDEE CEBALLOS, CPA

, hereby resigns as

Name of Registered Agent

Registered Agent for HEALTH TOP TRAVEL USA, LLC

Name of Limited Liability Company

L12000116002

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:

Typed or Printed Name

Capacity

FILED
2021 AUG 16 PM 3:41
CLERK OF STATE
TALLAHASSEE, FL

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