

L13000017147

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

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

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**LLC REGISTERED AGENT RESIGNATION
LIVE WELL MEDICAL CENTERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

JUN 23 2016
J. HARRIS

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

RezLegal, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Live Well Medical Centers, LLC

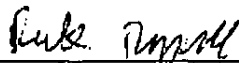
Name of Limited Liability Company

L13000017147

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:

Rick M. Reznicek, Esquire

Typed or Printed Name

Manager of RezLegal, LLC

Capacity

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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