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

From: Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

JUN 23 2016

S. YOUNG

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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

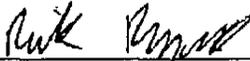
Registered Agent for Live Well Medical Centers Orlando, LLC

Name of Limited Liability Company

L13000017151
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withdrawn limited liability company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

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