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

From: Account Name : RE2LEGAL, LLC
Account Number : I20140000033
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**LLC REGISTERED AGENT RESIGNATION
LIVE WELL MEDICAL HOLDINGS, LLC**

Certificate of Status	0
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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

Name of Registered Agent

, hereby resigns as

Registered Agent for Live Well Medical Holdings, LLC

Name of Limited Liability Company

L13000017152

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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