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(Business Entity Name)

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S. YOUNG



**LAWRENCE J. SMITH, P.A.**

ATTORNEYS AT LAW  
GOVERNMENT RELATIONS  
2699 STIRLING ROAD, SUITE C-402, FORT LAUDERDALE, FL 33312  
OFFICES IN WASHINGTON, DC AND TALLAHASSEE, FL

LAWRENCE J. SMITH  
MEMBER OF CONGRESS  
1983-1993

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EMAIL: CONGLS@HOTMAIL.COM

November 2, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Life Changes Addiction Treatment Center of the Palm Beaches, LLC  
Document #: L13000084259

Gentlemen:

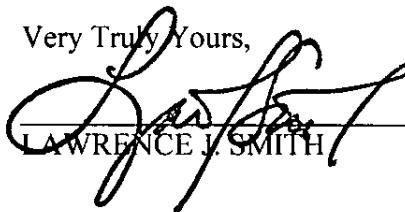
Enclosed please find a cover letter and the Statement of Resignation of Registered Agent for a Limited Liability Company, together with a check payable to the "Florida Department of State" for \$85.00. Kindly file the resignation.

A copy of this resignation was mailed to the above limited liability company at its last known address.

I would appreciate, if possible, a confirmation of the filing.

Thank you very much for your kind courtesy and cooperation in this matter.

Very Truly Yours,

  
LAWRENCE J. SMITH

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 18 PM 4:18

3-Enclosures (2pp, check # 1109)

VIA U.S. MAIL ONLY

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIFE CHANGES ADDICTION TREATMENT CENTER OF THE PALM  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000084259

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:

Jose Toledo

Name of Person

Name of Firm/Company

900 Osceola Drive, Suite A/B

Address

West Palm Beach, FL 33409

City/State and Zip Code

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

For further information concerning this matter, please call:

Jose Toledo

at ( 772 ) 919-1422  
Area Code Daytime Telephone Number

Name of Person

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
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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,

Jose Toledo

, hereby resigns as

Name of Registered Agent

Registered Agent for Life Changes Addiction Treatment Center of the Palm Beaches

Name of Limited Liability Company

L13000084259

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:

JOSE TOLEDO

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED  
SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

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## 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