

L130001/8814

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Relief Pro Health
Name of Limited Liability Company

DOCUMENT NUMBER: 213000118814

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:

Shoshana R. Sade
Name of Person

Relief Pro Health
Name of Firm/Company

22710 Meridiana Drive
Address

Boca Raton, FL 33433
City/State and Zip Code

Shoshana Sade@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shoshana R. Sade at (516) 410-4197
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Shoshana R. Sade

Name of Registered Agent

, hereby resigns as

Registered Agent for

Relief Pro Health

Name of Limited Liability Company

L13000118814

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.

Shoshana R. Sade

Signature of Resigning Agent

If signing on behalf of an entity:

Shoshana R. Sade

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 10 AM 11:45

FILED

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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