114000032711

(Requestor's Name)				
(Address)				
<u> </u>	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
\$	Office Use Only			



600265712446

11/03/14--01006--017 **85.00

14 NOV -3 PH 28 86

RA RES 10.11-12.14

COVER LETTER

Division of Corporations			
SUBJECT: Lifetrack Center LCC Name of Limited Liability Company			
DOCUMENT NUMBER: <u>44000032771</u>			
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:			
Deliby Goff, els Name of Person			
Name of Firm/Company			
8/6 SW 14 greater Address			
Ft. Landerdale F1. 335/2 City/State and Zip Code			
debbiegoffield & Jahoo. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Debby Coffield at (954) 321-5429 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:			

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,			
Debby	1 60H1126	, hereby resigns as	
' I	Name of Registered Agent		
Registered Agent for	Lifebrack	Center, ILC	
	Name of Limited Liability	Company	
214000	032771		
Document Nun	nber, if known		
-		limited liability company at its last known address. the 31st day after the date on which this statement is filed.	
	D. £	TResigning Agent	
If signing on behalf of an	entity:		
	Typed or Prints	ed Name	
	Capacity		

\$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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Taliahassee, FL 32314