Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION MAETOZO TOTAL WOMANS CARE, LLC

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'JUL 05 2019 M. SOLOMON

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the undersigned,	
UPM SERVICE CORP.	, hereby res	igns as
Name of Registered Agen	, hereby res	
Registered Agent for Maetozo Total Won	nans Care, LLC	
	ited Liability Company	···
Document Number, if known		
A copy of this resignation was mailed to the a	bove listed limited liability company at	its last known address.
The agency is terminated and the office disco	ntinued on the 31st day after the date of	which this statement is filed.
John	M Campulance B Seignoffung Agent	
912	stignerie of Resigning Agent	:- W 3
If signing on behalf of an entity		2019 JUL
JOH	HN CAMPERLENGO	1 a 1
GE	NERAL COUNSEL	تور آهي
	Capacity	AMIO: 42
FILING	FEES:	
\$ 85.00 \$ 25.00		rily dissolved/ Y

Make checks payable to Florida Department of State and muil to: Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

(NHS17 (2/34)