

L14000103527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

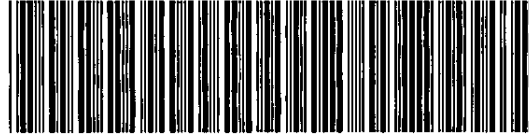
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Use money to
file m/m/Resign. LLC
Per.
Kathy Neel

Office Use Only

DC
3-6-15



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02/27/15--01007--028 **85.00

FILED
15 FEB 27 PM 2:09
CLERK OF STATE
ALABAMA

m/m/Res.
3-9-15
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2015

KATHY NEEL
ELIXIR LIQUID THERAPY
3625 S FLORIDA AVE
LAKELAND, FL 33813

SUBJECT: ELIXIR LIQUID THERAPY LLC
Ref. Number: L14000103527

We have received your document for ELIXIR LIQUID THERAPY LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to our records the registered agent for this company is United States Corporation Agents, Inc. and not Brenda Palmer. So therefore, the attached is not needed. You may request a refund of your \$85.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 215A00004584

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elixir Liquid Therapy, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000103527

The enclosed Resignation of ~~Registered Agent for a~~ Limited Liability Company and fee are submitted for filing.
member/manager

Please return all correspondence concerning this matter to the following:

Kathy Neel
Name of Person

Elixir Liquid Therapy
Name of Firm/Company

3625 S. Florida Ave.
Address

Lakeland, FL 33803
City/State and Zip Code

Katneel5@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Neel at (803) 712-6334
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

REC
15 FEB 27
INHS17 (2/14)

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 FEB 27 AM 12:57

RECEIVED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Elixir Liquid Therapy, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000103527

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-27-14

4. I, Lee Rogers, hereby withdraw/resign as a
(Print Name of Person Resigning)

Administration
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
15 FEB 27 PM 2:09
DEPT. OF STATE
TALLAHASSEE, FLORIDA