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DATE: 8/3/18

NAME: AAI REJUVENATION CLINIC LLC

TYPE OF FILING: RESIGNATION

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A. Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAI REJUVENATION CLINIC, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000146510

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:

TRACEE COTTON
Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES,
Name of Firm/Company

16 COURT ST 14TH FLOOR
Address

BROOKLYN, NY 11241
City/State and Zip Code

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

For further information concerning this matter, please call:

TRACEE COTTON at (800) 221-2972 X1550
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC., hereby resigns as
Name of Registered Agent

Registered Agent for AAI REJUVENATION CLINIC, LLC
Name of Limited Liability Company

L14000146510
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

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18 APR - 2 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

ZEINA HASSOUN
Typed or Printed Name
ASSISTANT SECRETARY
Capacity

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withdrawn limited liability company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