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DIVISION OF CORPORATIONS

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SEP 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Balance Asian Massage, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000100286

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:

Shouyu Fu

Name of Person

Balance Asian Massage, LLC

Name of Firm/Company

1004 E Osceola Parkway

Address

Kissimmee, FL 34744

City/State and Zip Code

Jennifer9611@icloud.com

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

For further information concerning this matter, please call:

Shouyu FU

Name of Person

at (407) 847-8800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Longxiang Zhao

Name of Registered Agent

, hereby resigns as

Registered Agent for Balance Asian Massage, LLC

Name of Limited Liability Company

L15000100286

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.

Longxiang Zhao

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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DIVISION OF CORPORATIONS

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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