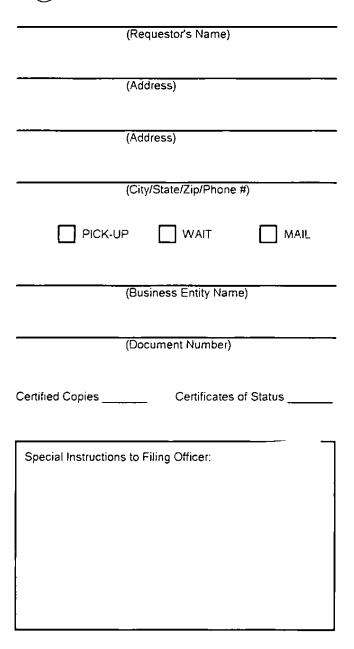
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Heals Holding Name of Limited Liability Company
DOCUMENT NUMBER: 450000 64710
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:
Steven Watkins Name of Person
Name of Firm/Company
3045 North Federal Hour, 5+38 Address
Tort Laurerdaie, Florida, 33306 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Watkins at (954) 2 354 - 8337 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Pursuant to the provisions o	of section 605.0115, Florida Statutes, the undersigned,	
Catherine	2 Paul - Hus hereby resigns as	
Nar	me of Registered Agent	
Registered Agent for	leals Holding, LLC	
<del></del>	Name of Limited Liability Company	
Document Number	4-15000/01/084 er, if known	
A copy of this resignation w	was mailed to the above listed limited liability company at its last known address.	
The agency is terminated ar	nd the office discontinued on the 31st day after the date on which this statement is filed.	
_	A Partition Signature of Resigning Agent	
If signing on behalf of an e	entity:	
	Typed or Printed Name	
	70 <b>24</b>	
<del>-</del>	Typed or Printed Name  Capacity  Capacity	<u> </u>
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/.	

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

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