

L15000 125234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

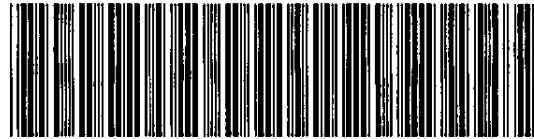
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIETPROS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000125234

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:

Wanda Lacy

Name of Person

DIETPROS, LLC

Name of Firm/Company

2336 SE Ocean Blvd 134

Address

Stuart, FL 34996

City/State and Zip Code

info dietpros@gmail.com

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

For further information concerning this matter, please call:

Wanda Lacy

Name of Person

at (772) 240 1951

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Eric Hoult

, hereby resigns as

Name of Registered Agent

Registered Agent for DIETPROS, LLC

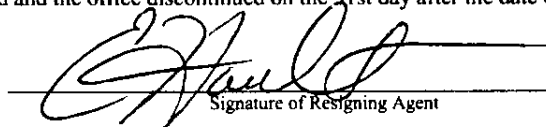
Name of Limited Liability Company

L15000125234

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

If signing on behalf of an entity:

Eric Hoult

Typed or Printed Name

CEO/AMBR

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY -9 PM 4:35

FILED

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