115000132795

| (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: |
| |
| |
| |
| |

Office Use Only



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10/23/18--01019--006 **25.00

NOV 02 2018 S. YOUNG 8 OCT 23 PM 6:27 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

| SUBJECT: LIFESTYLE OF LEISURE, | , LLC | | | |
|---|---|--|---|--|
| Name | of Limited Liability | Company | | |
| DOCUMENT NUMBER: L150001327 | 95 | | | |
| The enclosed Resignation of Registered A for filing. | | Liability Company and | I fee are submitted | |
| Please return all correspondence concerni | ng this matter to tl | ne following: | | |
| United States Corporation Agents, Inc | Σ. | | | |
| Name of Person | | | | |
| Legalzoom.com, Inc. | | | | |
| Name of Firm/Company | | • | 15 18 18 18 18 18 18 18 18 18 18 18 18 18 | |
| 9900 Spectrum Dr. | | | | |
| Address | | • | FILE (OCT 23 F RETARTO AHASSEE, | |
| Austin, TX 78717 | | | TAKT OF JASSEE, F | |
| City/State and Zip Code | | | PH 6: PLOR | |
| | | | 27 IDA | |
| E-mail address; (to be used for future annual | report notification) | • | | |
| For further information concerning this m | atter, please call: | | | |
| Janna Pantoja | 1 800 | 773-0888 x3950 | | |
| Janna Pantoja Name of Person | Area Code | Daytime Telephone Nu | mber | |
| Enclosed is a check made payable to the I liability company or \$25.00 for an admini liability company. | Horida Departmen stratively dissolve | t of State for \$85.00 for d, voluntarily dissolved | an active limited or withdrawn limited | |
| MAILING ADDRESS: | STREE | ET ADDRESS: | | |
| Registration Section | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| P.O. Box 6327 | | Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis | ions of section 605.0115. Florida Statutes, the unders | igned. | | |
|------------------------------------|--|-------------------------------|-----------|-------|
| United States Cor | hereby resigns as | | | |
| | Name of Registered Agent | nereny reorganistas | | |
| Registered Agent for | LIFESTYLE OF LEISURE, LLC | | | |
| | Name of Limited Liability Company | | · | |
| L15000132795 | | | | |
| Document | Number, if known | | | |
| A copy of this resigna | tion was mailed to the above listed limited liability co | ompany at its last known add | ress. | |
| The agency is termina | ted and the office discontinued on the 31st day after t | the date on which this statem | ent is | filed |
| | Signature of Resigning Agent | SECR T ALL | 18 | |
| If signing on behalf of an entity: | | | 007 | Π |
| | Cheyenne Moseley | SSE | 23 | FILE |
| | Typed or Printed Name | <u></u> | R | Ö |
| | Asst. Secretary for United States Corporation Ager | nts, Inc. | ė̈́υ | |
| | 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