

L15000166672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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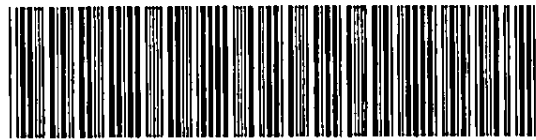
(Business Entity Name)

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TO: Registration Section
Division of Corporations

SUBJECT: The Healthy Living Group, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L15000166672

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:

Mark Rosenberg, MD.
Name of Person

Name of Firm/Company

4800 N. Federal Hwy, Suite B-300
Address

Boca Raton FL 33431
City/State and Zip Code

mrosenberg@amtcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Rosenberg at (561) 886-0976
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Georgette Schwartz, hereby resigns as
Name of Registered Agent

Registered Agent for

The Healthy Living Group LLC
The Healthy Living Group LLC
Name of Limited Liability Company

L15000166672
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.

Georgette Schwartz
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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