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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 2016

J SHIVERS

TO: Registration Section
Division of Corporations

SUBJECT: Balanced Health Concierge LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000182716

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:

Neil E. Snyder, Esquire

Name of Person

Law Offices of Hodge and Snyder

Name of Firm/Company

651 South Collier Blvd Suite 2H

Address

Marco Island, Florida 34145

City/State and Zip Code

NSnyder@hodgeandsnyder.com

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

For further information concerning this matter, please call:

Neil Synder

239

430-0001

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

, hereby resigns as

Name of Registered Agent

Balanced Health Concierge LLC

Registered Agent for

Name of Limited Liability Company

L15000182716

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.

Bradley Shayne Ferringo

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withdrawn limited liability company

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TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314