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COVER LETTER

FO: Amendment Section Division of Corporations	
Division of Corporations	
GOOD LIFE USA, LLC SUBJECT:	
(Name of Corporation)	
DOCUMENT NUMBER: L15000194972	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	tiling.
Please return all correspondence concerning this matter to the following:	
LANDAU, MATTHEW D, ESQ.	
(Name of Person)	
(Name of Firm/Company)	
200 N FEDERAL HWYSUITE 200	
(Address)	
BOCA RATON, FL 33432	
(City/State and Zip Code)	
for further information concerning this matter, please call:	
ANDAU, MATTHEW D, ESQ. 954 964 0900 at ()	
(Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



March 14, 2020

LANDAU, MATTHEW D,ESQ. 1200 N FEDERAL HWY STE 200 BOCA RATON, FL 33432

SUBJECT: GOOD LIFE USA, LLC Ref. Number: L15000194972

We have received your document for GOOD LIFE USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00005684

Rebekah White Regulatory Specialist II Supervisor

920 112 27 PT 3:50

COVER LETTER

SUBJECT: Good Life USA LLC Name of Limited Liability Company
DOCUMENT NUMBER: L 15000194972
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:
Matthew Landar Name of Person
Name of Person
The Landar Low Grove
Name of Firm/Company
1200 N Federal Hwy Ste 200
Address
Boia Raton FL 33432
City/State and Zip Code
Matte the Landaulawgout, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 964 - 0900 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

Registration Section Division of Corporations

TO:

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 of section 605.0115, Florida Statutes, the undersigned.		
Landav, Mathew D. E.S., hereby resigns as		
Registered Agent for Good LiFe USA, LLC		
Name of Limited Liability Company		•
L 15 000 1949 72 Document Number, if known		
A copy of this resignation was mailed to the aboye listed limited liability company at its last known a	ıddress.	
The agency is terminated and the office discontinued on the 31st day after the date on which this state agency is terminated and the office discontinued on the 31st day after the date on which this state agency is terminated and the office discontinued on the 31st day after the date on which this state agency is terminated and the office discontinued on the 31st day after the date on which this state agency is terminated and the office discontinued on the 31st day after the date on which this state agency is terminated and the office discontinued on the 31st day after the date on which this state agency is the state of the 31st day after the date on which this state agency is the state of the 31st day after the date on which this state agency is the state of the 31st day after the date on which this state agency is the state of the 31st day after the date on which this state agency is the state of the 31st day after the 31st day a	ement is	s tiled.
If signing on behalf of an entity:	202	
Landar Mathew D. Es	020: 27 /	
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	1 9: 02	الوء.

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