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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC  
Account Number : I20080000867  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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2019 FEB 19 A 6:31  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
HEALTH LINE MARKETING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 FEB 19 PM 12:20

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Health Line Marketing, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000043600

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:

Anthony Palazzo  
Name of Person

Vcorp Services, LLC  
Name of Firm/Company

25 Robert Pitt Drive, Suite 204  
Address

Monsey, NY 10952  
City/State and Zip Code

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

For further information concerning this matter, please call:

Anthony Palazzo at (845) 5173904  
Name of Person Area Code Daytime Telephone Number

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2019 FEB 19 A 6:31  
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

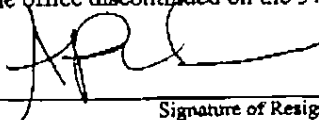
Vcorp Services, LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for Health Line Marketing, LLC  
Name of Limited Liability Company

L16000043800  
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:

Anthony Palazzo, Vcorp Services, LLC  
Typed or Printed Name

Assistant Secretary  
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

FILED  
 2019 FEB 19 AM 9:11  
 TALLAHASSEE, FLORIDA