

L16000094730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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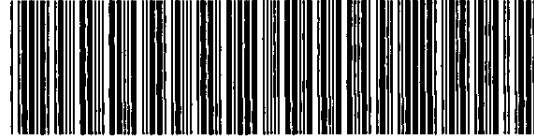
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JUL 12 2016

COVER LETTER

TO: Registration Section
• Division of Corporations

SUBJECT: Natural Health Foods Store LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000094730

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:

Milagros De Santiago Lebron

Name of Person

Natural Health Foods Store LLC

Name of Firm/Company

2100 Cypress Bay Blvd

Address

Kissimmee FL 34743

City/State and Zip Code

msantiago702@gmail.com

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

For further information concerning this matter, please call:

Milagros De Santiago Lebron

Name of Person

at (787) 215-7256

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Milagros De Santiago Lebron

, hereby resigns as

Name of Registered Agent

Registered Agent for Natural Health Food Store LLC

Name of Limited Liability Company

L16000094730

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:

Typed or Printed Name

Capacity

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2018 JUL 11 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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