

L16000094730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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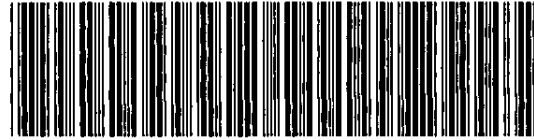
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

S Warren  
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 at (787) 215-7256  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

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.

*Milagros De Santiago Lebron*  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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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