

L16 0001 26576

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TO: Registration Section
Division of Corporations

SUBJECT: THE HEALTH OASIS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000126576

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:

ZACH HINNERS
Name of Person

THE HEALTH OASIS, LLC
Name of Firm/Company

777 E. ATLANTIC AVE., STE 200
Address

DELRAY BEACH FL 33483
City/State and Zip Code

ZACH @ FAH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACOB FRYDMAN at (561) 703-3300
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JACOB FRYDMAN, hereby resigns as
Name of Registered Agent

Registered Agent for THE HEALTH OASIS, LLC
Name of Limited Liability Company

L16000/26576
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

17 JUL 17 AM 7:03
DEPARTMENT 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withdrawn limited liability company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