

L16000182238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

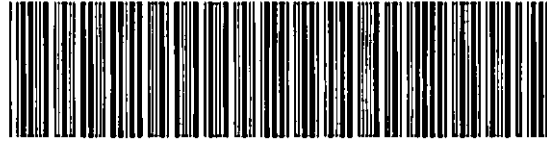
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200359271832

02/08/21--01033--006 \*\*25.00

2021 FEB -8 PM 2:17

O SIMMONS

MAR 24 2021



\* W1 5 5 5 8 5 6 \*

2804 Gateway Oaks Drive #100 Sacramento, CA 95833

• Phone 888-272-3725 Fax 800-603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

Date: February 02, 2021

Vendor # **108090**

TO: Florida Department of State  
New Filing Section - Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

AE: Cori Ann Crosthwaite

Email: ccrosthwaite@myparacorp.com

Ref Number: **1555856**

FAX:

EMAIL:

---

NAME: **NORTH PORT WELLNESS LLC**

**REGISTERED AGENT RESIGNATION FILING**

State

FL

**PLEASE EMAIL OR FAX A COPY OF RESULTS**

**Please return via: Regular Mail**

**RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833**

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
888-272-3725**

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ROCKET LAWYER CORPORATE SERVICES LLC, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for NORTH PORT WELLNESS LLC

\_\_\_\_\_  
Name of Limited Liability Company

L16000182238

\_\_\_\_\_  
Document Number, if known

2021 FEB -8 PM 2:17

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:

EDNA PERRY

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

Asst. Secretary Rocket Lawyer Corporate Services LLC

\_\_\_\_\_  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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