

L17000004143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

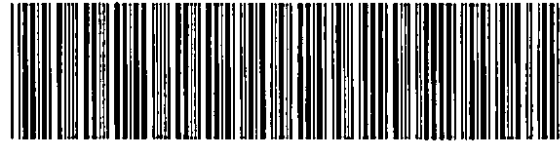
(Business Entity Name)

(Document Number)

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17 JUL 12 PM 3 25
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JUL 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2017

PIMAL A PATEL ESQ
5511 AZALEA TRL LN
SUGAR LAND, TX 77479

SUBJECT: ETERNAL LONGEVITY QUEST, LLC
Ref. Number: L17000004143

RECEIVED
2017 JUL 12 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ETERNAL LONGEVITY QUEST, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 417A00012724

FILED
17 JUL 12 PM 3:23
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eternal Longevity Quest, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000004143

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:

Pimal A. Patel

Name of Person

Name of Firm/Company

5511 Azalea Trail Lane

Address

Sugar Land, Texas 77479

City/State and Zip Code

PimalPatel@gmail.com

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

For further information concerning this matter, please call:

Pimal A. Patel

at (832) 741-8858

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
17 JUL 12 PM 3:22
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,

Pimal A. Patel, Esq., hereby resigns as

Name of Registered Agent

Registered Agent for Eternal Longevity Quest, LLC

Name of Limited Liability Company

L17000004143

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

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