

L1700000 8970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

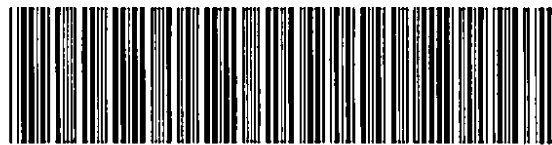
(Business Entity Name)

(Document Number)

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11/05/18--01010--010 **25.00

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2018 DEC 21 PM 12:09
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FALLON, ILL.

RA/RES

JAN 11 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mandala Detox, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000008970

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:

Peter Walstrom
Name of Person

Name of Firm/Company
1316 Coastal Bay Blvd.
Address

Boynton Beach, FL 33435
City/State and Zip Code

Pwalstrom@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Walstrom at (561) 350-1853
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2018

PETER WALSTROM
1316 COASTAL BAY BLVD
BOYNTON BEACH, FL 33435

SUBJECT: THE MANDALA DETOX, LLC
Ref. Number: L17000008970

We have received your document for THE MANDALA DETOX, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

There is a balance due of \$60.00.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 918A00023862

CEIVED
DEC 21 PM 12:02
TALLAHASSEE, FL
REGISTRATION DIVISION

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Peter Walstrom hereby resigns as
Name of Registered Agent

Registered Agent for The Mandala Detox, LLC
Name of Limited Liability Company

L17000008970
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]
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

FILED
2018 DEC 21 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FL 32310