

L17 0000067182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

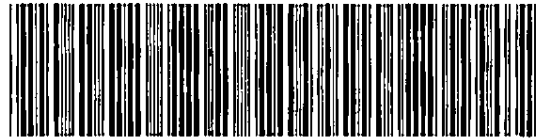
(Business Entity Name)

(Document Number)

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2021 SEP 24 PM 1:42
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Land O Lakes Family Fitness LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000067182

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:

Jesse Barber
Name of Person

Land O Lakes Family Fitness LLC
Name of Firm/Company

7016 Land O Lakes Blvd
Address

Land O Lakes, FL 34638
City/State and Zip Code

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

For further information concerning this matter, please call:

Theresa Mejillones at (813) 778-1070
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

Small Business Aides LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Land O Lakes Family Fitness LLC

Name of Limited Liability Company

L17000067182

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:

Theresa Mejillones for Small Business Aides LLC

Typed or Printed Name

Senior Partner of Small Business Aides 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

STATE OF FLORIDA
TALLAHASSEE, FL

2021 SEP 24 PM 1:42

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