

L17000144576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**SECRETARY OF STATE
TALLAHASSEE, FL**

*LLC
PRA
Resign*

5/21/19

PC

COVER LETTER

TO: Registration Section
Division of Corporations

WELLFITINSURE LLC

SUBJECT: _____
Name of Limited Liability Company

DOCUMENT NUMBER: L17000144576 _____

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:

KHALIL BELL

Name of Person

WELLFITINSURE LLC

Name of Firm/Company

PO BOX 414460

Address

MIAMI BEACH FL 33141

City/State and Zip Code

INFO@WELLFITINSURE.COM

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

For further information concerning this matter, please call:

KHALIL BELL

305

772-5581

Name of Person at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ALISON REAGIN

_____, hereby resigns as

Name of Registered Agent

WELLFITINSURE LLC

Registered Agent for _____

Name of Limited Liability Company

L17000144576

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:

ALISON REAGIN

Typed or Printed Name

REGISTERED AGENT (RET.)

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314