

417000216514

(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



700308921717

02/13/18--01016--012 \*\*110.00

FILED  
18 FEB 13 AM 10:40  
FBI - MEMPHIS

J. LEGGETT  
FEB 14 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RELIEF CLINIC FL, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000216514

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:

Kristen M. Jackson

Name of Person

Jackson Law, PA

Name of Firm/Company

5401 S. Kirkman Road, Ste 310

Address

Orlando, FL 32819

City/State and Zip Code

kjackson@jacksonlawpa.com

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

For further information concerning this matter, please call:

Kristen M. Jackson

at ( 407 ) 363-9020

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Jackson Law, PA

Name of Registered Agent

, hereby resigns as

Registered Agent for

RELIEF CLINIC FL, LLC


Name of Limited Liability Company

L17000216514

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:

Kristen M. Jackson  
Typed or Printed Name  
President  
Capacity

FILED  
18 FEB 13 AM 10:41  
TALLAHASSEE, FLORIDA

### 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