

L17000217575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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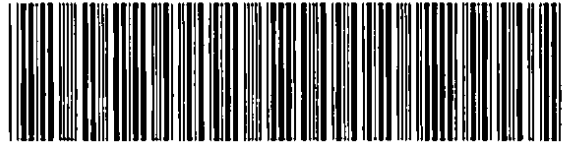
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT 15 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 OCT 15 AM 9:45

OCT 23 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ultra Violet Healing LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000217575

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:

Steven R Pribramsky

Name of Person

Pribramsky & Company, CPAs

Name of Firm/Company

937 Fleming Street

Address

Key West, FL 33040

City/State and Zip Code

hsacra82@gmail.com

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

For further information concerning this matter, please call:

Hilary Sacra

at (305) 731-6485

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
18 OCT 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Steven R Pribramsky, hereby resigns as

Name of Registered Agent

Registered Agent for Ultra Violet Healing LLC

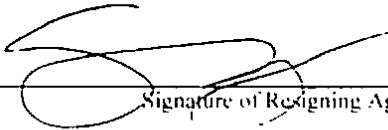
Name of Limited Liability Company

L17000217575

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

FILED
18 OCT 15 PM 5:00
SECRETARY OF STATE
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