

L18000 117590

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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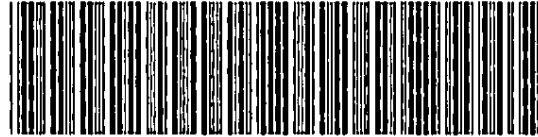
(Business Entity Name)

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FEB 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lab Testing Solutions
Name of Limited Liability Company

DOCUMENT NUMBER: L18000117590

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:

Rosalyn Ulysse
Name of Person

Lab Testing Solutions
Name of Firm/Company

8601 Placida Road #834
Address

Placida, FL 33946
City/State and Zip Code

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

For further information concerning this matter, please call:

Rosalyn Ulysse at (786) 501 3954
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Shaquilla Adderly, hereby resigns as
Name of Registered Agent

Registered Agent for Lab Testing Solutions

Name of Limited Liability Company

L18000117590
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.

Shaquilla Adderly
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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