

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

48000144351

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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## LLC REGISTERED AGENT RESIGNATION

ATHLETICS SPORTS MEDICINE AND WELLNESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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T. LEMIEUX

OCT 07 2024  
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

REGISTERED AGENTS, INC.  hereby resigns as  
Name of Registered Agent  
Registered Agent for ATHLETICS SPORTS MEDICINE AND WELLNESS, LLC  
Name of Limited Liability Company

L18000144351

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.

David Roberts  
Signature of Resigning Agent

If signing on behalf of an entity:

David Roberts

Typed or Printed Name

Assistant Secretary

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FL

### 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withdrawn limited liability company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