118000222601

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Green Life Doctors PLLC			
	ited Liability Company		
DOCUMENT NUMBER: L18000222601			
The enclosed Resignation of Registered Agent for filing.	or a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this	matter to the following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
101 North Brand Blvd. 11th Floor			
Address			
Glendale, CA 91203			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report	notification)		
For further information concerning this matter, p	please call:		
Jazmine Johnson	800 773-0888 x5122		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	Department of State for \$85.00 for an active limited rely dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115.	Florida Statutes, the under	signed.	
United States Corporation Agents, Inc.			, hereby resigns as	
	Name of Registered Agent	-		
Registered Agent for _	Green Life Doctors F	PLLC		
	Name of Limit	ed Liability Company	,	
L18000222601				
Document N	lumber, if known			
A copy of this resignat	ion was mailed to the ab	ove listed limited liability of	company at its last known address.	
The agency is terminat		Signature of Resigning Agent	the date on which this statement is filed.	
If signing on behalf of	an entity:			
	Cheyenne Moseley			
Typed or Printed Name				
Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.		
		Capacity		
	FILING I \$ 85.00 \$ 25.00	FEES: Active limited liability ed Administratively dissolve	ompany ed/voluntarily dissolved	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

withdrawn limited liability company

INHS17 (2/14)