

L18000 222 235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

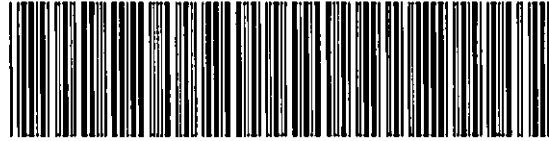
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100327614611

04/10/19--01018--008 \*\*85.00

FILED  
19 APR 10 PM 5:09  
CLERK OF COURT  
PALM BEACH COUNTY, FLORIDA

4/17/19

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BODY MIND SPA MEDICAL, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000222835

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:

LAZARO PORTOMENE

Name of Person

YITOS GROUP OF MIAMI, LLC

Name of Firm/Company

8500 SW 8 STREET SUITE 266

Address

MIAMI FL 33144

City/State and Zip Code

INFO@YITOSGROUP.COM

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

For further information concerning this matter, please call:

LAZARO PORTOMENE at (305) 262 7979

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
266½ 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,

YITOS GROUP OF MIAMI, LLC / LAZARO PORTOMENE, hereby resigns as

Name of Registered Agent

Registered Agent for BODY MIND SPA MEDICAL, LLC

Name of Limited Liability Company

L18000222835

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:

LAZARO PORTOMENE

Typed or Printed Name

PRESIDENT

Capacity

FILED  
19 APR 10 PM 5:09  
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