

L19 000255741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

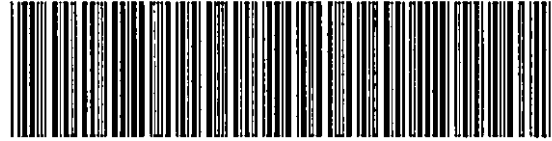
(Business Entity Name)

(Document Number)

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10/17/20--01003--004 **\$57.00

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OCT 17 2022
FALLTAN, IL

2022 OCT 17 PM 12:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Grow Room Yoga & Wellness
Name of Limited Liability Company

DOCUMENT NUMBER: L19000255741

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:

Meghan Rose McQueary
Name of Person

The Grow Room Yoga & Wellness
Name of Firm/Company

2325 NE Dixie Hwy
Address

Jensen Beach, FL 34957
City/State and Zip Code

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

For further information concerning this matter, please call:

Meghan McQueary at (513) 543-4852
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

AMANDA LABOISSONNIERE, hereby resigns as
Name of Registered Agent

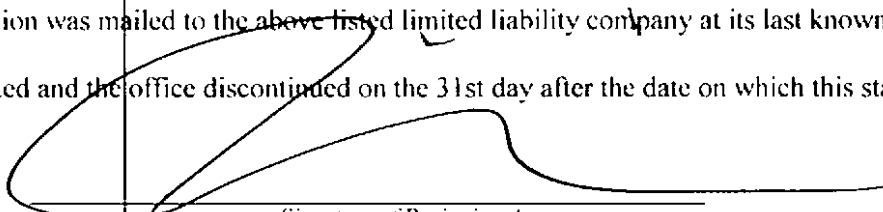
Registered Agent for The Grow Room Yoga & Wellness LLC

Name of Limited Liability Company

L19000255741
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:

Meghan McCreary
Typed or Printed Name
Owner/Manager
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

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TALLAHASSEE, FL