

L19 000255741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

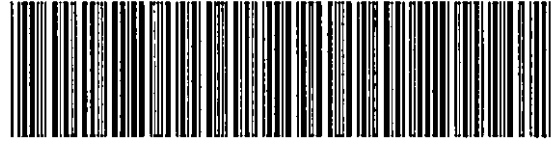
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**COVER LETTER**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

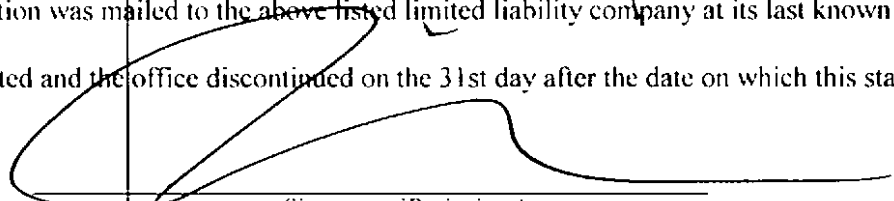
AMANDA LABOISSONNIERE, hereby resigns as  
Name of Registered Agent

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

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2022 OCT 17 PM 12:40  
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