

L19 000294210

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Mindful Mental Health Services
Name of Limited Liability Company

DOCUMENT NUMBER: L19000284210

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:

Danae Koeper
Name of Person

Mindful Mental Health Services
Name of Firm/Company

5380 Gulf of Mexico Dr-AZ02
Address

Longboat Key, FL 34228
City/State and Zip Code

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

For further information concerning this matter, please call:

Danae Koeper at (941) 879-2970
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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.

Danae Hooper, hereby resigns as
Name of Registered Agent

Registered Agent for Mindful Mental Health Services

Name of Limited Liability Company

L19 000284210
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.

Danae Hooper
Signature of Resigning Agent

If signing on behalf of an entity:

Danae Hooper
Typed or Printed Name
resigning agent & mgr
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withdrawn limited liability company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