

L20 0000195717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

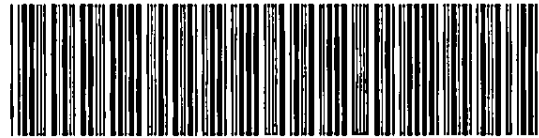
(Business Entity Name)

(Document Number)

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

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2020 AUG 28 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/12/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Power Health Florida, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 120000195717

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:

Gady Abramson

\_\_\_\_\_  
Name of Person

Power Health Florida, LLC

\_\_\_\_\_  
Name of Firm/Company

12001 SW 128TH COURT

\_\_\_\_\_  
Address

Miami Florida 33186

\_\_\_\_\_  
City/State and Zip Code

DrAbramson@powerhealthflorida.com

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

For further information concerning this matter, please call:

Gady Abramson

954

999-7405

\_\_\_\_\_  
Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Andrew Sands \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Power Health Florida, LLC

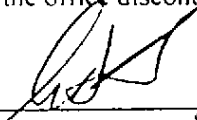
\_\_\_\_\_  
Name of Limited Liability Company

1.20000195717

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILED**  
2020 AUG 28 PM 1:13  
CLERK OF STATE  
TALLAHASSEE, FL