

120000273019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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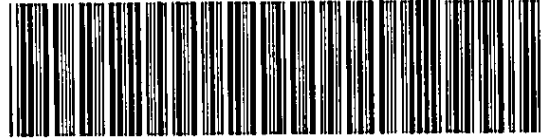
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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MAR 02 2022

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCCLURE FAMILY AND SPORTS CHIROPRACTIC, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000273019

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:

Name of Person

THE MUNIZZI LAW FIRM

Name of Firm/Company

1120 N. RONALD REAGAN BLVD.

Address

LONGWOOD, FL 32750

City/State and Zip Code

Legal@munizzilaw.com

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

For further information concerning this matter, please call:

Justin S. Munizzi

at (407) 501-5500

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

THE MUNIZZI LAW FIRM

Name of Registered Agent

hereby resigns as

Registered Agent for MCCLURE FAMILY AND SPORTS CHIROPRACTIC, LLC

Name of Limited Liability Company

L20000273019

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:

Justin S. Munizzi

Typed or Printed Name

Managing Partner

Capacity

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SECRETARY OF STATE
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