

6/17/24, 5:10 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

((H24000210962 3)))

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FLICK LAW GROUP, P.L.
Account Number : I20100000023
Phone : (407)273-1045
Fax Number : (407)273-1058

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
LEGACY MEN'S HEALTH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2024 JUN 18 AM 9:11
CLERK OF STATE
TALLAHASSEE, FL

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JUN 19 2024

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Lifeboat Registered Agents, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Legacy Men's Health, LLC

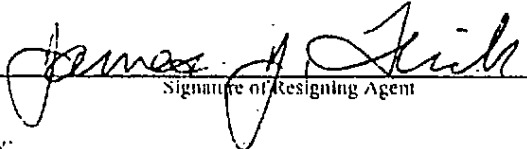
Name of Limited Liability Company

L20000289941

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:

James J. Flick

Typed or Printed Name

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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