

L20000311769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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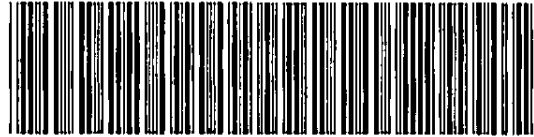
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Rapid Healing LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L20000311769

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:

Meg Gailo  
Name of Person

The Gailo Group Inc  
Name of Firm/Company

1750 N University DR. SEE 210  
Address

Coral Springs FL 33071  
City/State and Zip Code

meg@thegailogroup.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meg Gailo at ( 954 ) 547-1172  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2023

MEG GALLO  
1750 N UNIVERSITY DRIVE  
SUITE 221  
CORAL SPRINGS, FL 33071

SUBJECT: ADVANCED RAPID HEALING LLC  
Ref. Number: L20000311769

We have received your document for ADVANCED RAPID HEALING LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 823A00001017

*Corrected  
Meg Gallo*

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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,

The Gallo Group Inc hereby resigns as  
Name of Registered Agent

Registered Agent for Advanced Rapid Healing LLC  
Name of Limited Liability Company

L20000311769  
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.

Meg Gallo  
Signature of Resigning Agent

If signing on behalf of an entity:

Meg Gallo  
Typed or Printed Name  
Capacity

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2023 JAN 24 PM 3:02  
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