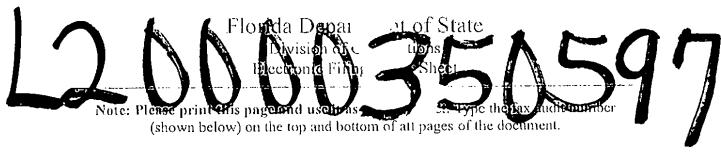
5/26/22, 12:30 PM

Division of Corporations



(((H220001866013)))



H220001866013ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

the same was the management of the same and the same and

Account Number : I20050000052

Phone : (850)656-7956

Fax Number

: (850)656-7953

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

Email Address:___

2022 HAY 27

LLC REGISTERED AGENT RESIGNATION LIFE HEALING CONCEPTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

MAY 27 2022

M. SOLOMON

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LIFE HEALING CONCEPTS, I	LLC		
Name of L	imited Liabilit	y Company	_
DOCUMENT NUMBER: L20000350597			_
The enclosed Resignation of Registered Agen for filing.	it for a Limite	ed Liability Company and fee a	are submitted
Please return all correspondence concerning t	his matter to	the following:	
Westley Look			
Name of Person		_	
Incorporating Services, Ltd.			
Name of Firm/Company			022
3500 S DuPont Highway			2022 MAY 27
Address		_	一額 21
Dover, DE 19901			27 R
City/State and Zip Code		- -	
wlook@incserv.com			
E-mail address: (to be used for future annual rep-	ort notification)		
For further information concerning this matter	er, please call	:	
Westley Look	302	531-0703	
Name of Person	Area Cod	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INH\$17 (2/14)

H220001866013

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florid	a Statutes, the undersigned,	
Incorporating Services, Ltd.	, hereby resigns as	
Name of Registered Agent		
Registered Agent for LIFE HEALING CONCEP	TS, LLC	
• • • • • • • • • • • • • • • • • • •		
Name of Limited Liabi	lity Company	
L20000350597		
Document Number, if known		
A copy of this resignation was mailed to the above lis	sted 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 sta	atement is filed.
- Roman Ca Signatu	DACTON DOUBLE	7
If signing on behalf of an entity:		."
Amanda A	Archambault	2022 HAY 27
Typed or P	Printed Name	
Assistant	Secretary	#AY 27
Capac	rity	
		_ 3∰ + (
<u>FILING FEES:</u> \$ 85.00 Activ \$ 25.00 Admi	e limited liability company inistratively dissolved/ voluntarily dissolved/	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn limited liability company