

L20 000395239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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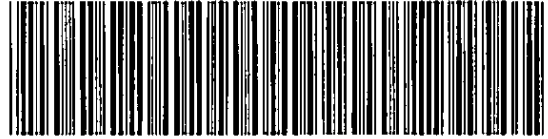
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUR WAY TO WELLNESS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000395239

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:

STEVE A MCKOWN CPA

Name of Person

JOSEPH D MILLER JR & COMPANY PA CERTIFIED PUBLIC ACC

Name of Firm/Company

443 EAST PASADENA AVE

Address

CLEWISTON, FL 33440

City/State and Zip Code

STEVE@JOSEPHMILLERCPA.COM

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

For further information concerning this matter, please call:

STEVE A MCKOWN CPA

at (863) 599-0868

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

JOSEPH D MILLER JR & COMPANY PA CERTIFIED PUBLIC ACCOUNTANT, hereby resigns as

Name of Registered Agent

Registered Agent for OUR WAY TO WELLNESS LLC

Name of Limited Liability Company

1.20000395239

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.

Steve Am Ka CPA for Joseph D Miller Jr & Company P.A.
Signature of Resigning Agent Certified Public Accountant

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

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 APR 20 PM 3:09

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