# L21 600 212023

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

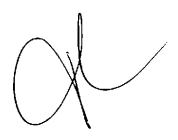
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### **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Heart Focus LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000212023	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	~`
Name of Firm/Company	· :
9900 Spectrum Dr.	. — •
Address	•
Austin, TX 78717	v."
City/State and Zip Code	<u>ي</u> -
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
,, 800	<b>.</b> 773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

Area Code Daytime Telephone Number

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

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the un	dersigned,	
United States Corp	oration Agents, Ir	nc.	, hereby resigns as	
79.1	Name of Registered Age	ent	, hereby resigns as	
Registered Agent for _	leart Focus LLC			_
	Name of Lin	nited Liability Company		_,
L21000212023				
Document No	umber, il known			
A copy of this resignation	on was mailed to the a	above listed limited liabili	ty company at its last known address	S.
The agency is terminate	ed and the office disco	ontinued on the 31st day at	ter the date on which this statement	is filed.
		Signature of Resigning Agen	<u>.                                    </u>	
If signing on behalf of a	n entity:			
	Cheyenne Mose	eley		
	Т	yped or Printed Name		• •
	Asst. Secretary for L	Inited States Corporation A	Agents, Inc.	
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dissolved/ ility company	

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