

L21000217603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

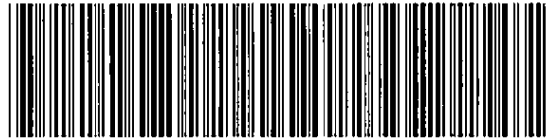
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700431144987

06/11/24--01034--017 ♦♦25.00

FILED
2024 JUL 11 AM 11:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marlens Wellness Enterprises LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000217603

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:

Sarah Balen

Name of Person

MyCompanyWorks, Inc.

Name of Firm/Company

187 E. Warm Springs Rd., Suite B

Address

Las Vegas, NV 89119

City/State and Zip Code

filings@mycompanyworks.com

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

For further information concerning this matter, please call:

Sarah Balen

Name of Person

at (702) 362-2677
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent Solutions, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Marlens Wellness Enterprises LLC

Name of Limited Liability Company

L21000217603

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.

/s/ Jennifer Peters

Signature of Resigning Agent

If signing on behalf of an entity:

Jennifer Peters

Typed or Printed Name

Assistant Secretary of Registered Agent Solutions, Inc.

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED
2024 JUL 11 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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