L21000221847

(Re	equestor's Name)	
		···
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

HELPING PEOPLE LIVE HEALTHIER LIVES LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000221847	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the unde	rsigned,	
Legaline Corporate Services, INC.		, hereby resigns as	
	Name of Registered Agent	, (tieres) tesigninus	
Registered Agent for	HELPING PEOPLE LIVE HEALTHIER LIVES LLC		
	Name of Limited Liability Company	·	
L21000221847			
Document ?	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address.	
The agency is terminal	ed and the office discontinued on the 31st day after	r the date on which this statement is file	ed.
	Mulde Moury Signature of Resigning Agent	uan	
If signing on behalf of	an entity:	2 X (Ali	المثقة.
	Chelsea Chapman	2022 NOV 15 SECHTALL	
	Typed or Printed Name	Si on L	
	On Behalf of Legalinc Corporate Services, INC.	A A	ŀſ
	Capacity	17:39 SIATE E. FL	J

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company **⊙** \$ 85.00 **⊙** \$ 25.00

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