L21000 27417

(Re	equestor's Name)
(Ac	idress)
(Ar	ddress)
(,	
(Ci	ty/State/Zip/Phone #)
☐ PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(50	isiness entry Name,
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	-
	J. Ha
	MALIORNE
	MAY 16 MORNE
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Next Level Physical Therapy and	Performance PLLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000274417	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	ons of section 605.0115, Florida Statutes, the undersigned,	
United States Corp	poration Agents, Inc, hereby resign	s as
	Name of Registered Agent	;
Registered Agent for	Next Level Physical Therapy and Performance PLLC	FILED PH 1:39
c c =		98.3
	Name of Limited Liability Company	m c
L21000274417		19
Document N	tumber, if known	39
A copy of this resignat	ion was mailed to the above listed limited liability company at its	last known address.
The agency is terminat	ed and the office discontinued on the 31st day after the date on wi	hich this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of		
If signing on behalf of		
If signing on behalf of	an entity:	
If signing on behalf of	an entity: Cheyenne Moseley	
If signing on behalf of	an entity: Cheyenne Moseley Typed or Printed Name	

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