

L21000477163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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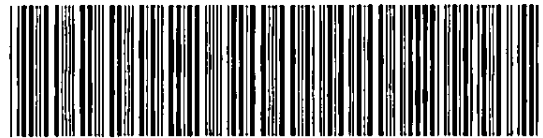
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

RA Resignation

MAY 24 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEOPLE OF HEALTH, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000477163

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:

ROBERT FREILER
Name of Person

Name of Firm/Company

5043 LAKE IN THE WOODS BLVD.
Address

LAKELAND, FL 33813
City/State and Zip Code

bobby.freiler@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT FREILER at (570) 691-4654
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2023 MAR 10 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

WILLIAM H. HARRELL

Name of Registered Agent

, hereby resigns as

Registered Agent for PEOPLE OF HEALTH, LLC


Name of Limited Liability Company

L21000499163

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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2023 MAR 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL

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