

121 000 517 237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

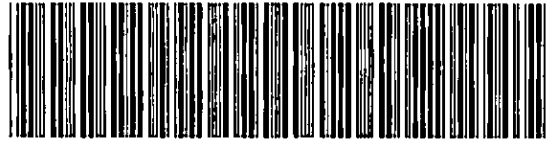
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000383256430

03/16/22--01021--004 **85.00

2022 MAR 16 PM 7:04
FBI - JAX

O SIMMONS

MAR 31 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Age in Dignity LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000517237

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:

Klaus Duell

Name of Person

Inner Value LLC

Name of Firm/Company

915 67th St NW

Address

Bradenton, FL, 34209

City/State and Zip Code

unknown

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

For further information concerning this matter, please call:

info@inner-value.net

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Inner Value LLC

Name of Registered Agent

hereby resigns as

Registered Agent for Age in Dignity LLC

Name of Limited Liability Company

1.21000517237

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:

Klaus Duell

Typed or Printed Name

Manager

Capacity

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