

L22000259703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

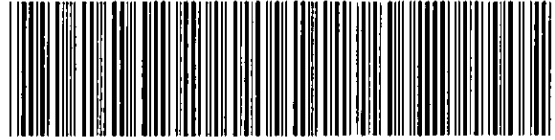
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gold Heart Health Academy LLC - Voluntarily Dissolved

Name of Limited Liability Company

DOCUMENT NUMBER: L22000259703

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:

Brandon Chin

Name of Person

ONLYTOES LLC

Name of Firm/Company

5200 NW 65th Ave

Address

Lauderhill, FL 33319

City/State and Zip Code

chinbrandon123@gmail.com

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

For further information concerning this matter, please call:

Brandon Chin

at (954) 790-4530

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Brandon Chin, hereby resigns as
Name of Registered Agent

Registered Agent for Gold Heart Health Academy LLC

Name of Limited Liability Company

L22000259703

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.

Brandon Chin

Signature of Resigning Agent

If signing on behalf of an entity:

Brandon Chin

Typed or Printed Name

Self

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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