L22000354350

(Requestor's Name)		
(Address)		
(1.1.1.000)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Contilled Continue Contilled to the Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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10/31/23--01016--010 **25.00

2023 CCT 3 | P.S. 4: 14



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Want to Be Well LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000354350	
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 th	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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provi-	sions of section 605.0115, Florida Statutes, the undersig	gned.
United States Co	rporation Agents, Inc.	ereby resigns as
	Name of Registered Agent	, ,
Registered Agent for	I Want to Be Well LLC	
	Name of Limited Liability Company	·
L22000354350		
Documen	Number, if known	
A copy of this resign	ation was mailed to the above listed limited liability co	mpany at its last known address.
The agency is termin	ated and the office discontinued on the 31st day after the signature of Resigning Agent	ne date on which this statement is fried.
If signing on behalf of	of an entity:	
	Cheyenne Moseley	20
	Typed or Printed Name Asst. Secretary for United States Corporation Agen	2023 CST 3
	Capacity	23
	FILING FEES: \$ 85.00 Active limited liability com \$ 25.00 Administratively dissolved withdrawn limited liability	npany / voluntarily dissolved/

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