

L22000503415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

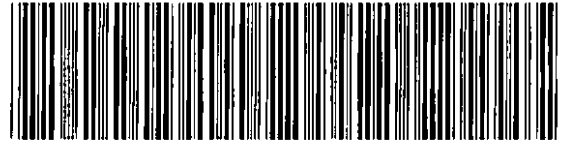
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/23--01041--001 **25.00

2023 OCT 26 AM 11:55

5:44:57 PM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2023

LYNN FISHER
1725 YORK ISLAND DR
NAPLES, FL 34112

SUBJECT: LYNN FISCHER STRESS MANAGEMENT LLC
Ref. Number: L22000503415

We have received your document for LYNN FISCHER STRESS MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the resigning registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 423A00023882

OCT 26 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lynn Fischer Stress Management, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000503415

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:

Lynn Fischer

Name of Person

Name of Firm/Company

1725 York Island Dr.

Address

Naples, Florida 34112

City/State and Zip Code

lowfatlife@gmail.com

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

For further information concerning this matter, please call:

Lynn Fischer

863

838-5886

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SWYFT FILINGS

, hereby resigns as

Name of Registered Agent

Lynn Fischer

Registered Agent for

Lynn Fischer Stress Management, LLC

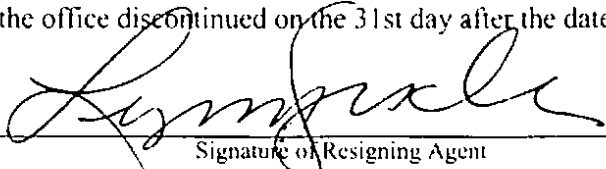
Name of Limited Liability Company

L22000503415

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

2023 OCT 26 AM 11:55

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