

L23000048570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

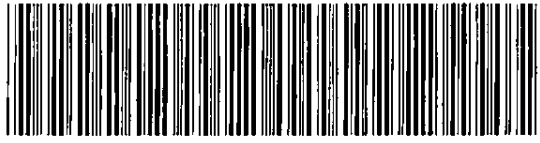
(Business Entity Name)

(Document Number)

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2024 OCT 29 PM 3:26  
TALLAHASSEE, FL  
STATE

AD

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** For Love of the Body  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23 000048570

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:

Cheri Houle  
Name of Person

~~At~~ For Love of the Body  
Name of Firm/Company

9314 Forest Hills Dr  
Address

Tampa FL 33612  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cheri Houle at (954) 588 2231  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

2024 OCT 29 PM 3:26

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

DEPARTMENT OF STATE  
TALLAHASSEE, FL

Sabrina Vizzari, hereby resigns as  
Name of Registered Agent

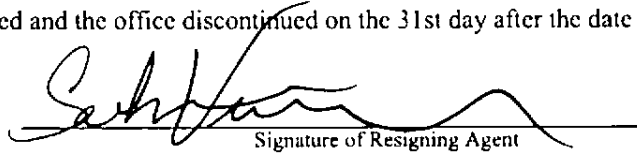
Registered Agent for For Love of the Body

Name of Limited Liability Company

L23000 48570  
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

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

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Cheri Houle at 954-588-2231  
Name of Person Area Code Daytime Telephone Number

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FOR A LIMITED LIABILITY COMPANY**

2024 OCT 29 PM 3:26

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TALLAHASSEE, FL**

Sabrina Vizzari, hereby resigns as  
Name of Registered Agent

Registered Agent for For Love of the Body  
Name of Limited Liability Company

L23000 48570  
Document Number, if known

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