

L23 0000 66871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

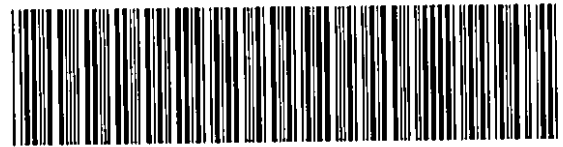
(Business Entity Name)

(Document Number)

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2023 MAY 15 10:10

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEWROLOGIX TECHNOLOGIES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000066871

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:

Justin Munizzi

\_\_\_\_\_  
Name of Person

The Munizzi Law Firm

\_\_\_\_\_  
Name of Firm/Company

101 N. Woodland Blvd., Suite 601

\_\_\_\_\_  
Address

DeLand, FL 32720

\_\_\_\_\_  
City/State and Zip Code

legal@munizzilaw.com

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

For further information concerning this matter, please call:

Sonja Wiles

at ( 407 ) 772-6671

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2025 MAY 15 11:10

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

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

The Munizzi Law Firm, hereby resigns as

Name of Registered Agent

Registered Agent for NEWROLOGIX TECHNOLOGIES, LLC

NEWROLOGIX TECHNOLOGIES, LLC

Name of Limited Liability Company

L23000066871

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:

The Munizzi Law Firm

Typed or Printed Name

Attorney, Managing Partner

Capacity

2007-11-15 11:10

## 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