

L23000271884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

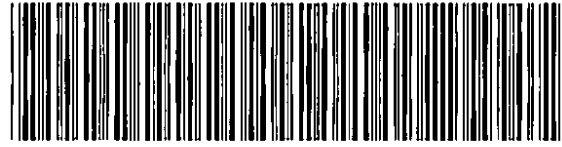
(Business Entity Name)

(Document Number)

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RA resignation

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2024 DEC 3 PM 12:49
STATE OF OHIO
FBI - CLEVELAND

A. RAINCEY

JAN 17 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUDY'S HEALTH INSURANCE PLLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000271884

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:

TRAVIS CRABTREE

Name of Person

LEGALCORP SOLUTIONS, LLC

Name of Firm/Company

3 GREENWAY PLAZA #1320

Address

HOUSTON, TX 77046

City/State and Zip Code

rudys34953@gmail.com

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

For further information concerning this matter, please call:

LEGALCORP SOLUTIONS, LLC

888

534-3018

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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