

M16000006039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

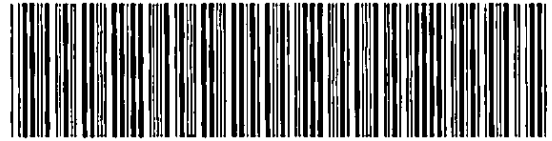
(Business Entity Name)

(Document Number)

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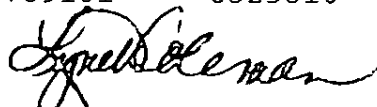


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2022 JUN 24 PM 3:30
2022 JUN 24 AM 8:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
TALLAHASSEE, FL

Handwritten signature/initials

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 769101 8323810
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : June 23, 2022
ORDER TIME : 10:53 AM
ORDER NO. : 769101-010
CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: QUICK WEIGHT LOSS CENTERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Todd

EXAMINER'S INITIALS: _____

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY, hereby resigns as

Name of Registered Agent

Registered Agent for QUICK WEIGHT LOSS CENTERS, LLC

Name of Limited Liability Company

M1600006039

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.

Alexxis Weiland, assistant vice president

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND

Typed or Printed Name

ASSISTANT VICE PRESIDENT

Capacity

FILED
2022 JUN 24 AM 8:39
STATE TALLAHASSEE, FL

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withdrawn limited liability company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