

M17000000 5190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

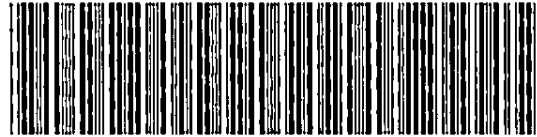
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/16/18--01016--004 \*\*25.00



**Resignation of Registered Agent for a  
Foreign Limited Liability Company**

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767  
Phone: (800) 345-4647 Fax: (800) 432-3622  
regagent@capitolservices.com

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

DATE: 11/12/2018  
STATE: FLORIDA  
REP UNIT: THE HEALTH DIRECT GROUP,  
LLC

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Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 30351 in the amount of 25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-88698A

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

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

Capitol Corporate Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for

THE HEALTH DIRECT GROUP, LLC

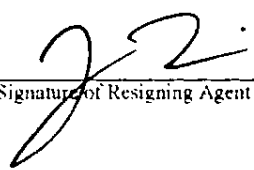
Name of the Limited Liability Company

M17000005190

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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

### **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