

M18 000002370

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(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METAHEALTH CENTER LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M18000002370

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:

DON STEWART

Name of Person

METAHEALTH CENTER LLC

Name of Firm/Company

5135 CAMINO AL NORTE, SUITE 283

Address

NORTH LAS VEGAS, NV 89031 - 2420

City/State and Zip Code

issueirs@gmail.com

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

For further information concerning this matter, please call:

Yazzmyn Turpin

Name of Person

at (212)

Area Code

431-5000 ext 1572

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC., hereby resigns as

Name of Registered Agent

Registered Agent for **METAHEALTH CENTER LLC**

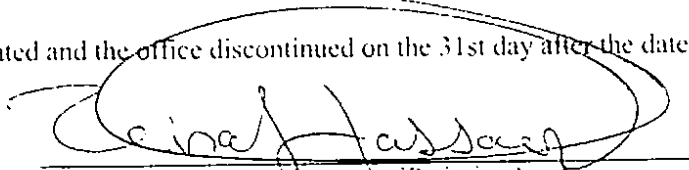
Name of Limited Liability Company

M18000002370

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:

ZEINA HASSOUN

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