

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M2300005678

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CAPITOL CORPORATE SERVICES, INC.
 Account Number : I20160000048
 Phone : (800)345-4647
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
 LIFEPORT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

2024 NOV 21 PM 3:12
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

((H24000387126 3)))

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 LIFEPORT, LLC
Name of the Limited Liability Company

M23000005678
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.

Brian Radecki

Signature of Resigning Agent

If signing on behalf of an entity:

Brian Radecki
Typed or Printed Name
Assistant Secretary
Capacity

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FLORIDA DEPARTMENT OF STATE
1911 MASSIVE CENTER

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withdrawn limited liability company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

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