

P05000048734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

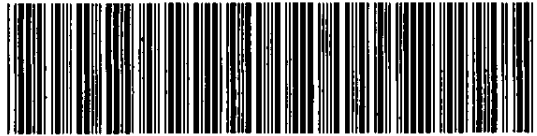
(Document Number)

Certified Copies _____

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04/14/10--01048--001 **87.50

FILED
10 APR 14 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 11:50 am

Apr 08 2010 1:42PM

STONE&WALDER, PL

813-221-2151

P. 1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BE WELL TAMPA, INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000048734

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisabeth Roy, D.O.

(Name of Person)

(Name of Firm/Company)

911 West Warren Avenue

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisabeth Roy

(Name of Person)

at (813) 230-4114

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Lynne Walder

(Name of Registered Agent)

hereby resigns as Registered Agent for Be Well Tampa, Inc.

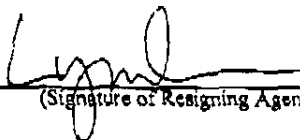
(Name of Corporation)

P05000048734

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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)

Lynne Walder

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
10 APR 14 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

**\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation**

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2010

BE WELL TAMPA, INC.
911 WEST WARREN AVE
TAMPA, FL 33602

SUBJECT: BE WELL TAMPA, INC.
Ref. Number: P05000048734

Our records indicate the registered agent for the above named corporation resigned on April 14, 2010 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain
Regulatory Specialist II
Division of Corporations

Letter number: 010A00009271