

PIO 000042113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

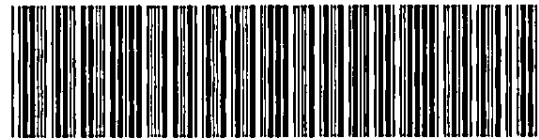
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 2 2021
P11 3:30

JUL 2 2021

COVER LETTER

TO: Registration Section
Division of Corporations

NOT MY DAUGHTER, FIND A CURE NOW! INC.

SUBJECT: _____
Name of Limited Liability Company

DOCUMENT NUMBER: P10000042113

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:

DENYSE HOSTIG

Name of Person

Name of Firm/Company

5944 Coral Ridge Drive #307

Address

CORAL SPRINGS, FLORIDA 33076

City/State and Zip Code

TRIPLEADC@AOL.COM

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

For further information concerning this matter, please call:

DENYSE HOSTIG

954

821-7228

Name of Person

at (_____)

Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

_____, hereby resigns as

Name of Registered Agent

NOT MY DAUGHTER, FIND A CURE NOW! INC.

Registered Agent for _____

Name of Limited Liability Company

P10000042113

Document Number, if known

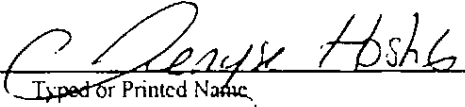
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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:



Typed or Printed Name



Capacity

NOV 11 3:30 PM '11

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