

712000087605

(Requestor's Name)

(Address)

(Address)

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2018 APR -6 P 11 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 09 2018

RA Regan

LIBERTY HEALTH & LIFE

Thursday, March 3rd, 2016

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

Sent Via FEDEX Delivery- Tracking Info: 7719 0248 1541

In Re: Liberty Health & Life, Inc
Document Number: P12000087605

Please find enclosed the completed Florida Registration Section, Division of Corporations
Resignation of Registered Agent for a Corporation along with a check in the amount of \$85.00 for
the processing fee.

Should you require any further action or information from this end, please let me know as we make
our best efforts to comply with the requirements mandated by your office.

Respectfully,



Katherine Hardial
Licensing@LiveWellHoldings.net
DIRECT: 305-576-7782
Facsimile: 954-436-4263

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY HEALTH & LIFE, INC.

Name of Limited Liability Company

DOCUMENT NUMBER: P12000087605

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:

STEVEN KING

Name of Person

LIBERTY HEALTH & LIFE, INC

Name of Firm/Company

3660 ENTERPRISE WAY

Address

MIRAMAR, FL 33025

City/State and Zip Code

LICENSING@LIVEWELLHOLDINGS.NET

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

For further information concerning this matter, please call:

STEVEN KING

Name of Person

at (305) 455-3862

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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, STEVEN KING

(Name of Registered Agent)

hereby resigns as Registered Agent for LIBERTY HEALTH & LIFE INC


(Name of Corporation)

P12000087605

(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)

If signing on behalf of an entity:

STEVEN KING

(Typed or Printed Name)

CORPORATE COMPLIANCE OFFICER

(Capacity)

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**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2020 APR -6 P 12 21

FILED