P14000102527

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



300430112433

05/22/24 +01933 +017 ***87.58

ALL BAUSES FORD

2024 HAY 22 PH 5: 2:

JUN 26 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: YOGA FACTORY & FITNESS, INC
DOCUMENT NUMBER: $\frac{1400002527}{1400002527}$
DOCUMENT NUMBER: 19 19 19 100 0 10 25 27
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:
BARRY L HALEY (Name of Person)
(Name of Person)
(Name of Firm/Company)
5750 ROSE TERRACE
(Address)
PLANTATION FL 33317
(City/State and Zip Code)
For further information concerning this matter, please call:
BARRY HALBY at 954, 591.9439
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned. BARLY (Name of Registered Agent)	
hereby resigns as Registered Agent for YOGA FACTODY & FITNESS, TWC (Name of Corporation)	-
14000 102527 (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.	
Barry LHally (Signaruje of Resigning Agent)	
If signing on behalf of an entity:	2024 HAY
(Typed or Printed Name)	NA 25 BII
(Capacity)	ည

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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