P19 (CCC 71785

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





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Division of Corporations	
SUBJECT: Sage&Sun Apothecary Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P19000071785	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
(Name of Person)	
Legalzoom.com, Inc.	
(Name of Firm/Company)	
101 North Brand Blvd. 11th Floor	
(Address)	
Glendale, CA 91203	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (800)773-0888 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	as of sections 607.0502(2), 617.0502(2), 607.1509, or	
Florida Statutes, the und	ersigned. United States Corporation Agents,	Inc.
	(Name of Registered Agent)	
hereby resigns as Registe	ered Agent for Sage&Sun Apothecary Ir	ıc.
	(Name of Corporation)	
P19000071785		
(Document Number,	if known)	
A copy of this resignatio	on was mailed to the above listed corporation at its last	known address.
The agency is terminated this statement is filed.	d and the office discontinued on the 31st day after the	date on which
	(Signature of Resigning Agent)	
If signing on behalf of ar	i entity:	•
		•
Che	yenne Moseley	 .
	(Typed or Printed Name)	
Asst. S	Secretary for United States Corporation Agents, In	က် ယ
-	(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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