

L15000070376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

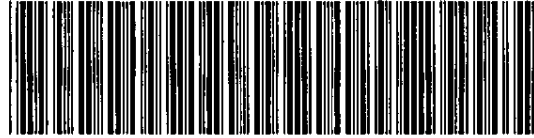
(Business Entity Name)

(Document Number)

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Resignation of  
MGRM

05/05/15--01035--001 \*\*25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2015 MAY -5 PM 3: 29

FILED

5/11/15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Forty Twenty-NINE Nutrition, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MELINDA SCHIERMYER  
(Contact Person)

Forty Twenty - NINE Nutrition, LLC  
(Firm/Company)

4815 Pheasant LN SW  
(Address)

Vero Beach, FL 32968  
(City/State and Zip Code)

For further information concerning this matter, please call:

MELINDA SCHIERMYER at ( 321 ) 266-2792  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2015 MAY -5 PM 3: 29  
TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Forty Twenty Nine Nutrition, LLC


2. The Florida document/registration number assigned to this limited liability company is:  
L15000070376

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/29/15

4. I, MATTHEW SCHIERMYER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER / PRESIDENT  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)