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SECRETARY OF STAIR

COVER LETTER .

Division of Corporations	
8 limb yoga llc SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Marc Robinson	
(Contact Person)	
8 limb yoga lle	
(Firm/Company)	
19985 NW 13th st.	
(Address)	
Dunnellon/FL 34431	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Mare Robinson	352 812-6494 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ble to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
rananasses, i L 32317	Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

I. The name of the of State is:	limited liability company as	s it appears on the records o	of the Florida Department
2. The Florida doc L2300143710	ument/registration number a	ssigned to this limited liabi	ility company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	ign is:
4. I. <u>Patricia</u> (Print A		, hereby withdraw/res	sign as a
Authoriz	zed Member (AM)		
resignation in wr	bility company and affirm the iting. is ociating Member or Resignations in the interest of th		y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ZOZ3 NOV 13 A SECRETARY OF