17000100597

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
(5.1	yrotatorzipit tione	·,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(==		·· ·· ··
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		
!		

Office Use Only



700315315707

07/11/18--01005--028 **25.00

SECRETARY OF STATE
SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETA

- 11. J. 311.34UNS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WYNWOOD YOGA STUDIO, LLC	
(Name of Limited Liabi	lity Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
RAFAEL RECALDE	
(Contact Person)	
WYNWOOD FUNDING, LLC	
(Firm/Company)	
10800 BISCAYNE BLVD, STE 988	
(Address)	
MIAMI, FL 33161	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
RAFAEL RECALDE 30	=
	ca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floral \$25 Filing Fee	orida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGERIFRON FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY.

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department WOOD YOGA STUDIO, LLC
2. The Florida doce L1700010059	ment/registration number assigned to this limited liability company is:
3 The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	nding, LLC, hereby withdraw/resign as a
Manager	
	(Print Title)
resignation in wr	pility company and affirm the limited liability company has been notified of my ting.
Cy:	Sociating Member or Resigning Manager
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)