

LO3000043143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

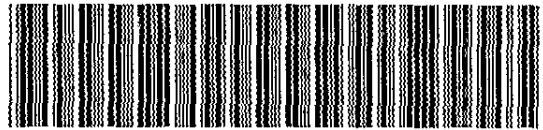
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LO3-43143

Office Use Only



900039800019

08/05/04--01031--007 **75.00

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DIVISION OF REVENUE

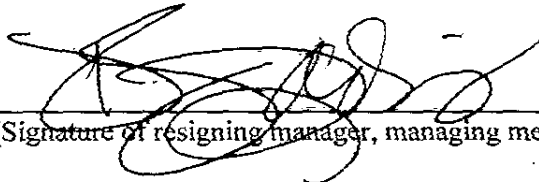
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Debi Davis, hereby resign as Member/ COO
(Title)

of Weight Management Support, LLC.
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

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


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS