

L04000049397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

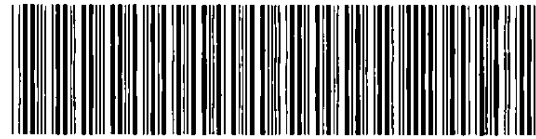
(Business Entity Name)

(Document Number)

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K. SALY
JUL -6 2017

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

Writer's Direct Line: (850) 425-5457

July 5, 2017

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **D & J Fitness West, LLC**
Document Number: **L04000049397**

Dear Madam/Sir:

Enclosed for the referenced LLC are an original and one copy each of the following documents, that we would appreciate your filing:

1. Statement of Resignation of Registered Agent for a Limited Liability Company (\$85.00);
2. Dissociation or Resignation of Manager from Florida Limited Liability Company (\$25.00); and
3. Dissociation or Resignation of Member from Florida Limited Liability Company (\$25.00).

Also enclosed is this firm's check in the amount of \$135.00 to cover the filing fees as reflected above. Please do not hesitate to call our office if you have any questions. I will have our messenger return to pick up the file-stamped copies.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

sos ltr 20170705 resig dissoc

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ROBERT A. PIERCE

, hereby resigns as

Name of Registered Agent

Registered Agent for

D & J FITNESS WEST, LLC


Name of Limited Liability Company

L04000049397

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

FILED
2011 JUL -5 AM 8:39
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE