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(Re	equestor's Name))		
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· PICK-UP	☐ WAIT	MAIL		
(Ви	usiness Entity Na	me)		
(Do	ocument Number)		
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SECRETARY OF STATE
TALL ANASSEF, FLORID:

COVER LETTER

Registration Section
Division of Corporations

TO:

Clifton Building

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

SUBJECT: Yor hvel Fit UC Name of Limited Liability Co	
. Deame of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	;
INEZ Teston-Cowart	-
Positively fit, LLC	
(i intecompany)	
4040 Woodcoch DR #13	2-135
(Address)	_
JAX FC 32207 (CityState and Zip Code)	_
For further information concerning this matter, please call	;
TNEZ Teston Cowar at 904 (Name of Contact Person) (Area Code	568-4526 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 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

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limite of State is: \(\frac{1}{2}\)	d liability company as it ap	pears on the records of	the Florida Department
2. This limited liability of Florucle	ompany was organized und	er the laws of:	
	registration number of this	limited liability compar	ny is:
4. I. PATRICIA (Print Name of	Person Resigning)	hereby resign as a 6	Nanaging member when officer (Printing)
of this limited liability or resignation in writing.	company and affirm the lim	ited liability company h	as been notified of my
Signature of Resigning	Member, Managing Memb	er or Manager	
=	5.00 (Required) 0.00 (Optional)		

CR2E079 (5/06)

SECRETARY OF STATE STATE SECRETARY OF STATE OF S

This document is to tender my resignation as a Member of the Florida limited liability company, Positively Fit, Inc., which is also owned by Inez Teston-Cowart. I understand that as of this date I no longer have any rights or responsibilities as a Member and I will execute any and all documents and take any actions necessary in this regard, including the removal of my name from any business documents, tax documents, and bank accounts.

Signature Patricia Masnyk Address:

STATE OF FLORIDA **COUNTY OF DUVAL**

Sworn to or affirmed and subscribed before me on	2-25-08	by Patricia
Masnyk.	·• -	_

NOTARY PUBLIC
Deborah Anni Creq o

Printed Name of Notary or Stamp

Personally known Produced identification

