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| PICK-UP | WAIT | MAIL |
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SECRETARY OF STATE

DIVISION OF CORPORATION

COVER LETTER

| Divisio | ation Section n of Corporations | | | |
|---|---|------------------------|--|--------------------|
| SUBJECT: _ | FLERIDA | ATHLETIC | Center of | MORRITT IS how |
| | (Nam | e of Limited Liability | Company) | |
| | nember, managing me | | | |
| Please return a | Il correspondence con | cerning this matter | to: | |
| | John WH. | DNER | • | |
| | (Contact Person) | | | |
| 1 | O3 Palm (Firm/Company) | Circle | • | |
| | (Firm/Company) | | | |
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| | (Address) | | | |
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| For further info | ormation concerning the | his matter, please o | eall: | |
| John (Nar | ne of Contact Person) | at (32 (Area C | Code & Daytime Telep | hone Number) |
| Enclosed pleas | se find a check made p \$25 Filing Fee | ayable to the Flori | da Department of Sta \$55 Filing Fee & Certified Copy | |
| Registration So Division of Co Clifton Building | orporations ng e Center Circle | | MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, Flo | ction porations |

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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 of State is: | | company as it app | | | | |
|---|------------------|-------------------|----------------------|---------|---------------|----------------------------|
| 2. This limited liab | ility company wa | as organized unde | er the laws of: | | | |
| 3. The Florida doct | - | n number of this | limited liabilit | y compa | any is: | |
| 41 BLAYN | E SIDAVZ | <i>-</i> ح | herehy resign | 1 28 2 | Manber | ٤ |
| 4. I, BLAYNE S. DAVIS (Print Name of Person Resigning) | | | , nerecy resign us u | | (Print Title) | |
| of this limited lia resignation in w Signature of Res | iting. | | | - | | FIL SECRETAR DIVISION OF C |
| Filing Fee: | \$25.00 (Requ | uired) | | | <u> </u> | 5 782 |
| Certified Copy: | | | | | rn 3: 08 | |