

1090000 56707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

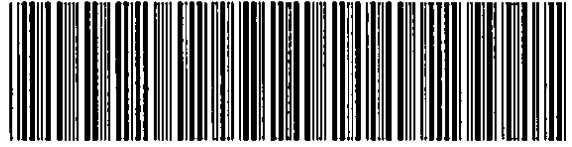
(Business Entity Name)

(Document Number)

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APR 01 2020  
S. YOUNG

DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
AND FINANCIAL SERVICES

2020 MAR 17 AM 8:09

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACTIVE SPORTS LIFESTYLE USA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 109000056707

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kris Parks, Authorized Representative

Name of Person

Active Sports Lifestyle USA, LLC

Name of Firm/Company

12178 4th Street

Address

Rancho Cucamonga, CA 91730-6127

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris Parks

Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Keith D. Diamond

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Active Sports Lifestyle USA, LLC

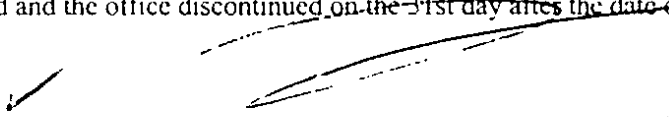
\_\_\_\_\_  
Name of Limited Liability Company

L09000056707

\_\_\_\_\_  
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  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
2020 MAR 17 AM 8:09