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(Re	equestor's Name)	_		
. (Ad	dress)			
(Ad	ldress)	<u></u>		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations	
JEWELRY FIT FOR LIFE LLC SUBJECT:	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
CARL SCARLATA	
(Contact Person)	_
JEWELRY FIT FOR LIFE LLC	
(Firm/Company)	
344 ASHFORD CT.	
(Address)	_
LAKE MARY, FL 32746	
. (City/State and Zip Code)	_
For further information concerning this matter, please call	:
JAIME SCARLATA 321	972.3117
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

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SECRETARY OF SHIP OHE

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

JEV	e limited liability company a VELRY FIT FOR LIFE LLO	
	ument/registration number a	assigned to this limited liability company is:
CA	RL SCARLATA	o4.09.2015 signed or will withdraw/resign is: , hereby withdraw/resign as a
	Name of Person Resigning) AGER/MEMBER	, hereby withdraw/resign as a
of this limited lia resignation in w		he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	