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DIVISION OF CORFORATIONS 16 OCT 27 AHII: 27

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COVER LETTER

TO: Registration Section **Division of Corporations** The Barn Strength and Conditioning LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: James Ryan Capers (Contact Person) (Firm/Company) 1801 West Nine Mile Rd. (Address) Pensacola, FL 32534 (City/State and Zip Code) For further information concerning this matter, please call: James Ryan Capers (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)



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)

		s it appears on the records of th	ne Florida Department
of State is:	Barn Strength and Condi	dolling LEO	<u> </u>
. The Florida doci	ument/registration number a	assigned to this limited liability	company is:
L1000006814	6		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:
James Dyan	Canara		
(Print N	lame of Person Resigning)	, hereby withdraw/resign	. 465
MGR			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company ha	as been notified of my
	5/5/	·	อเล
Signature & D	issociati ng Member or Resig	gning Manager	16 OCT 27 AMI
Filing Fee:	\$25.00 (Required)		7 AH
Certified Copy:	\$30.00 (Optional)		