

40000093228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000266198250

11/10/14--01012--014 \*\*25.00

APPROVED  
AND  
FILED

14 NOV 11 AM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2014  
T. LEMMON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transcendent Fitness LLC  
(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:

Jennifer J. Chadwick  
(Contact Person)

Transcendent Fitness LLC  
(Firm/Company)

1150 Power Street #9  
(Address)

Naples, FL 34104  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer J. Chadwick at 239 293-9984  
(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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Transcendent Fitness LLC

2. The Florida document/registration number assigned to this limited liability company is: L10000093228

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2014

4. I, Mary Moorcroft, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Mary E. Moorcroft  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

APPROVED  
AND  
FILED  
14 NOV 11 AM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA