L1100058840

(Requestor's Name)		
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COVER LETTER

UK#1889

Division of Corporations		
City Yoga, LLC		
	imited Liability Cor	mpany)
The enclosed member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:	
Allyson Sunderman		
(Contact Person)		_
City Yoga, LLC		
(Firm/Company)		_
120 Sea Grove Main Street		
(Address)		_
St. Augustine, FL 32080		
(City/State and Zip Code)		_
For further information concerning this ma	atter, please call:	
Allyson Sunderman	904 at (438-8384
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 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)

	limited liability company as it appears of Yoga, LLC	on the records of the Florida Department
2. The Florida doc	ument/registration number assigned to th	is limited liability company is:
L1100005884	0 .	
Jacob Sunda	mber/manager withdrew/resigned or wilerman, herebiane of Person Resigning)	
MGRM	(Print Title)	
resignation in wr	bility company and affirm the limited lia iting. Lundurson	bility company has been notified of my
Signature of Di	ssociating Member or Resigning Manag	er .
_	\$25.00 (Required) \$30.00 (Optional)	