

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TOBIN & REYES, P.A.

Account Number : I20000000155

Phone : (561)620-0656

Fax Number : (561)620-0657

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION
RAW KICKBOXING & FITNESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

H24000131313 3**COVER LETTER****TO:** Registration Section
Division of Corporations**SUBJECT:** RAW KICKBOXING & FITNESS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000002722

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:

David S. Tobin, Esq.

Name of Person

Tobin, Reyes, Alvarez & De Biase, PLLC

Name of Firm/Company

225 N.E. Mizner Boulevard, Suite 510

Address

Boca Raton, Florida 33432

City/State and Zip Code

dst@tobinreyes.com

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

For further information concerning this matter, please call:

David S. Tobin

at (561) 620-0656

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

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

Tobin, Reyes, Alvarez & De Biase, PLLC (fka Tobin & Reyes, P.A.)

, hereby resigns as

Name of Registered Agent

Registered Agent for RAW KICKBOXING & FITNESS LLC

Name of Limited Liability Company

L12000002722

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:

David S. Tobin

Typed or Printed Name

Manager

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

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