0016801

, (Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	<u> </u>
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



700246377807

04/08/13--01019--001 **25.00

C. LEWIS 9 2013
EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FITSPOT 360 L	
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	is matter to:
Monica McKenna (Contact Person)	
Fitspot 360 (Firm/Company)	
1169 Hillsboro Mile, #211 (Address)	
Hills boro Beach, FL 33062 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Monica McKenna a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\infty\$\$\forall \$\forall \$\	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FILED

13 APR -8 PH 4: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as it appears or	the records of the Florida Department
of State is:	Fitspot360 LLC	
2. This limited liab	bility company was organized under the la	ws of:
state o	of Hopida	
	ument/registration number of this limited	liability company is:
<u> </u>		
4. 1, Monic	Ca Makenna, hereby Name of Person Resigning)	resign as a Managing Nember (Prim Tille)
of this limited lial resignation in wri	bility company and affirm the limited liabiliting.	ility company has been notified of my
Mount	leker	
Signature of Resi	igning Member, Managing Member or M	anager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	