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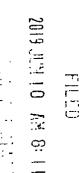
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COVER LETTER

Division of Corporations INCITE ACTIVEWEAR 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: **BILL BURBANK** (Contact Person) INCITE ACTIVEWEAR LLC (Firm/Company) 1730 S. FEDERAL HWY - SUITE 242 (Address) DELRAY BEACH, FL 33483 (City/State and Zip Code) For further information concerning this matter, please call: **BILL BURBANK** 561 704-1122 at ((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: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



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)

	• • •	it appears on the records of the	·
2. The Florida doo L1200002087		signed to this limited liability c	ompany is:
		 gned or will withdraw/resign is	
4. I, WADE MORGAN , hereby withdraw/resign as a (Print Name of Person Resigning)			s a
(Print	Name of Person Resigning)		
MEMBER			
	(Print Title)		
of this limited li- resignation in w	- •	limited liability company has	been notified of my
1	vissociating Member or Resign		2019 JUNE 10
Signature of D	issociating Member or Resign	ing Manager	EN OF STATES
Filing Fee:	\$25.00 (Required)		
_	\$30.00 (Optional)		·