T15000016318

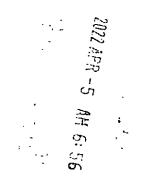
(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000362442260

∮4/05/21--01029--034 ******25.00



O SIMMONS JUN 05 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ST Fitness, LLC	
DOCUMENT NUMBER: L120000463	of Limited Liability Company 18
The enclosed Resignation of Registered A for filing.	gent for a Limited Liability Company and fee are submitted
Please return all correspondence concerning	ng this matter to the following:
United States Corporation Agents, Inc	i.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
	800 773-08 8 8
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the F liability company or \$25.00 for an adminis liability company.	orida Department of State for \$85.00 for an active limited tratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

			2022 APR -5	
Pursuant to the provisions of section 605.0115, Florida Statutes, the unders	igned,		1	
United States Corporation Agents, Inc.		ns as	<u> </u>	
Name of Registered Agent		15 45	<u>+</u> 6:	•
Registered Agent for ST Fitness, LLC		· · ·	56	
Name of Limited Liability Company			,	
L12000046318				
Document Number, if known				
A copy of this resignation was mailed to the above listed limited liability co	 ompany at its	s łast knowr	n address.	
The agency is terminated and the office discontinued on the 31st day after to a signature of Resigning Agent. If signing on behalf of an entity:	the date on v	hich this st	atement is	filed.
,				
Cheyenne Moseley Typed or Printed Name				
Asst. Secretary for United States Corporation Age	nts, Inc.			
Capacity				
FILING FEES: \$ 85.00 Active limited liability con \$ 25.00 Administratively dissolved withdrawn limited liability	npany //voluntarily / company	/ dissolved/	,	
Make checks payable to Florida Department of St	ate and mail	to:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (2/14)