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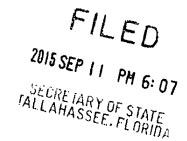
Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations Real Athletics and Wellness LLC (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: Steven Elia (Contact Person) Real Athletics and Wellness (Firm/Company) 12502 Ashdown Drive (Address) Odessa, FI 33556 (City/State and Zip Code) For further information concerning this matter, please call: Steven Elia (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee 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 32314





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 on the records of the Florida Department Athletics and Wellness LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
4. I,	mber/manager withdrew/resigned or will withdraw/resign is: son , hereby withdraw/resign as a lame of Person Resigning)
MGRM	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)