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(Cit	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
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Office Use Only



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TALLAHASSEE. FLORIDA

FEB 2 7 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sall Jater Cross Fit 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:
Enchogers (Conject Person)
Salt Water Cross Fit LLC (Firm/Company)
13300-56 S. Cleveland Ave. (Address)
Ft. Myers FL 33907 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (970) 710 -1157 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\frac{1}{2}\$ \$\frac{1}{
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 FEB 26 PM 3: 52

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:	ent
2. The Florida document/registration number assigned to this limited liability company is:	
613000060370	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $2-29-19$	 2
4. I, Poit Name of Person Resigning), hereby withdraw/resign as a	
Owner + Manager. (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of mare resignation in writing.	ш
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	