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COVER LETTER

Division of Corporations			
SUBJECT: STAYFIT INTERNATIONAL HEALTH CLI	UBS LLC		
(Name of Limited Liability Con	npany)		
The enclosed member, resignation or dissociation and fee(s)) are submitted for filing.		
Please return all correspondence concerning this matter to:			
Scott Holmes			
(Contact Person)	•		
STAYFIT INTERNATIONAL HEALTH CLUBS LLC			
(Firm/Company)	-		
3008 W NEW HAVEN AVE		16	FACI SEC
(Address)		پ	全部
WEST MELBOURNE, FL 32904		JUN 27 PM I2: 36	ASSEI
(City/State and Zip Code)	•	P H	. '유
For further information concerning this matter, please call:		2: 36	CHAIN
Scott Holmes 203	615-2890		
	& Daytime Telephone Number)		

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:**

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

■ \$25 Filing Fee



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 a	as it appears on the records of the Florida HEALTH CLUBS LLC	a Department
2. The Florida docu L1300011809	•	assigned to this limited liability compan	y is:
4. I, Frances Holi	mes	esigned or will withdraw/resign is: 12/0 , hereby withdraw/resign as a	1/2015 ALLAHASS JUN 27
Authorized M	ember (Print Title) bility company and affirm t	the limited liability company has been no	EEJI LORI PM IZ: 3
Enomicles		igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		