

213000124831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

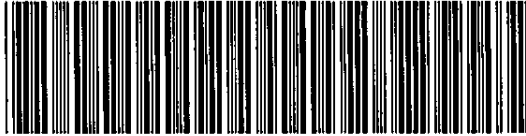
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Resignation of  
MGRM

02/11/15--01011--012 \*\*25.00

FILED  
2015 FEB -5 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
2/11/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2015

Richard A. Schaeffer  
Yoga Loft Naples  
9123 Strada PL, Suite 7115  
Naples, FL 34108

SUBJECT: YOGA LOFT NAPLES LLC  
Ref. Number: L13000124831

We have received your document for YOGA LOFT NAPLES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 515A00001331

RECEIVED  
15 FEB -5 AM 10:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YOGA LOFT NAPLES 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:

**RICHARD A SCHAEFFER**

(Contact Person)

**YOGA LOFT NAPLES**

(Firm/Company)

**9123 STRADA PL SUITE 7115**

(Address)

**NAPLES FL 34108**

(City/State and Zip Code)

For further information concerning this matter, please call:

**RICHARD A SCHAEFFER**

**239**

**325-8533**

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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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15 JAN 22 PM 1:20  
2020  
2020079 (2/14)



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2015 FEB -5 PM 4: 54

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE  
DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

**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: YOGA LOFT NAPLES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000124831

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2014  
AMY LUCKY

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGING MEMBER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

*Amy Lucky*

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)