

L13 000172791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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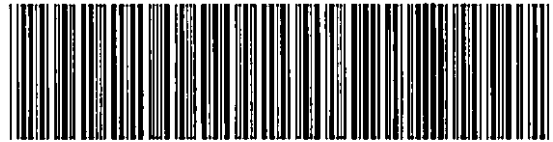
(Business Entity Name)

(Document Number)

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2022 SEP 23 PM 12:53
TALLAHASSEE

Carol D. Sage
Paralegal

September 15, 2022

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

Re: Resignation of Registered Agent for Pro Form Sports, L.L.C.
Document No. L13000172791

To Whom It May Concern:

In connection with the referenced matter, enclosed is a Cover Letter and Statement of Resignation of Registered Agent for a Limited Liability Company. Also enclosed is a check in the amount of \$85.00 to cover the requisite filing fee. Upon receipt please process the resignation and return a filed copy of the resignation to the undersigned in a self-addressed, postage paid envelope provided with this letter.

Thank you in advance for your assistance with this matter.

Sincerely,



Carol D. Sage

/cds

Enclosures

cc: Pro Form Sports, L.L.C. (via email only)

Austin
Charleston
Charlotte
Columbia
Greensboro
Greenville
Bluffton / Hilton Head
Myrtle Beach
Raleigh

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Form Sports, L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L13000172791

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary J. Roberts

Name of Person

Pro Form Sports, L.L.C.

Name of Firm/Company

2147 Golden Eagle Drive W

Address

Tallahassee, FL 32312

City/State and Zip Code

mary.roberts@proformsportsllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary J. Roberts

Name of Person

at (850)

Area Code

566-7342

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Erwin, Bishop, Capitano & Moss, P.A.

hereby resigns as

Name of Registered Agent

Registered Agent for

Pro Form Sports, L.L.C.

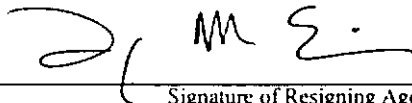
Name of Limited Liability Company

L13000172791

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Lex M. Erwin

Typed or Printed Name

Shareholder

Capacity

SECRET
TALLAHASSEE, FL

2022 SEP 23 PM 12:53

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FILING FEES:

| | |
|----------|---|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314