

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059

Phone : (727) 362-6151

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FIVE PERCENT NUTRITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

K. SALY EXAMINER

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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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: FIVE PERCENT NUTRITION, LLC
The Florida document/registration number assigned to this limited liability company is: L14000050120
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3-19-15 4. I, RICH PIANA hereby withdraw/resign as a (Print Name of Person Resigning) MANAGER AND MEMBER (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)