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2019 JUL 22 PH 2: 56 SECALIÁNTI ÖLD DIATE TALLAHÁSSEE, FL

JUL 2 6 2019

COVER LETTER

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. 1815... a of Corporations

SUBJECT: 2.2 FITNESS, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: <u>L14000058862</u>	
The enclosed Resignation of Registered Agent for a Limited submitted for filing.	Liability Company and fee are
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	•
raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kasandra Lund at (1800 Area Code) 773-0888 x3951 Daytime Telephone Number
•	
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve limited liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

Tallahassee, FL 32314

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327

STREET ADDRESS:

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

AT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statu	ites, the undersigned,	
United States Cor	poration Agents, Inc.	. he	reby resigns as
	Name of Registered Agent	 ,	, <u>G</u>
Registered Agent for_	2.2 FITNESS, LLC		.
	Name of Limited Liability Com	pany	,
L14000058862			
Document N	dumber, if known		
A copy of this resigna	tion was mailed to the above listed lin	nited liability company	at its last known address.
	Signature of Resi	gning Agent	
If signing on behalf of	an entity:		
	Cheyenne Moseley		20 SE
	Typed or Printed Na	me	FIL 1019 JUL 22 SECRLIANA TALLANA
	Asst. Secretary for United States Con	poration Agents, Inc.	
	FILING FEES: \$ 85.00 Active limited \$ 25.00 Administra	l liability company tively dissolved/ volun	PH 2:56

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

withdrawn limited liability company