# L14000060974

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U. Smith

#### **COVER LETTER**

Division of Corporations		, `	
YF Midlothian, LLC SUBJECT:		•. 	
Name of Limit	ed Liability	Company	•
DOCUMENT NUMBER: L14000060974			-
The enclosed Resignation of Registered Agent fo for filing.	r a Limited	Liability Company and fee a	re submitted
Please return all correspondence concerning this	matter to th	e following:	
Peggy Cunningham			
Name of Person			
You Fit Health Clubs			
Name of Firm/Company			
111 2nd Avenue NE, Suite 1402			
Address			
St. Petersburg, FL 33701			
City/State and Zip Code			20 115
pcunningham@youfit.com			- 45 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1
E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, pl	ease call:		GH 5745
Peggy Cunningham at (	72 <b>7</b>	258-4811	20 JE
	Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO: Registration Section

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	s of section 605.011:	5, Florida Statutes, the un	dersigned,	
Christy B. Stross			, hereby resigns as	
	Name of Registered Age	nt		
Registered Agent for YF	Midlothian LLC			
	Name of Lim	nited Liability Company		·
L14000060974				
Document Nurr	nber, if known	- <del></del>		
A copy of this resignation	ı was mailed to the a	above listed limited liabili	ty company at its last known	address.
The agency is terminated	and the office disco	ontinued on the 31st day a	fter the date on which this sta	tement is filed.
If signing on behalf of an	entity:	7		20 AU
•	T	yped or Printed Name		11 S
-		Capacity	<del></del>	RESTATO AMILLAR
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily dissolved/ pility company	17:

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