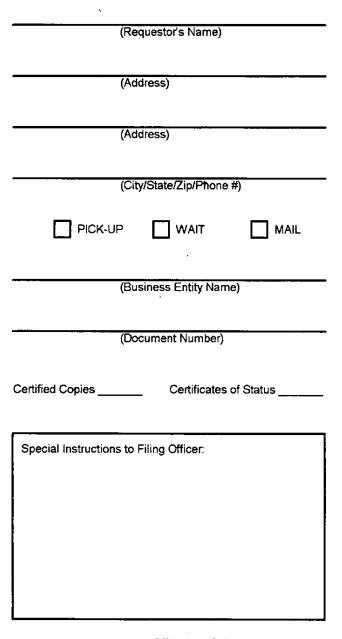
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16 APR 28 FII 4: 19
SECRETARY OF STATE
TALLAHASSEF FLORING.

## **COVER LETTER**

CR2E079 (2/14)

| <b>TO:</b> Registration Section Division of Corporations   |                     |  |              |       |   |
|--|---------------------|--|--------------|-------|---|
| SUBJECT: Alchemist Fitness Lab, LLC  | nited Liability Con | nnanvi   |              |       |   |
| (Name of Line  | med Liability Col.  | прапу)   |              |       |   |
| The enclosed member, resignation or dissoci  | ation and fee(s     | s) are submitted for filing.   |              |       |   |
| Please return all correspondence concerning  | this matter to:     |  |              |       |   |
| Mindy Cannova  |                     |  |              |       |   |
| (Contact Person)   |                     | _  |              |       |   |
|  |                     | -<br>2<br>F  | SEC          | 5     |   |
| (Firm/Company)   |                     | ' <u>'</u>   | <u>솔</u> 쮸 - | APR   | П |
| 21411 Sawmill Ct   |                     | i de la companya de l |              | 28    |   |
| (Address)  |                     |  |              | 32    |   |
| Boca Raton, FL 33498   |                     |  |              | £1 :# |   |
| (City/State and Zip Code)  |                     | _  |              |       |   |
| For further information concerning this matt   | er, please call:    |  |              |       |   |
| Mindy Cannova  | 561                 | 901-7078   |              |       |   |
| (Name of Contact Person)   | · \                 | & Daytime Telephone Numb   | per)         |       |   |
| Enclosed please find a check made payable to \$25 Filing Fee   |                     | Department of State for: 3 Fee & Certified Copy  |              |       |   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                     | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314  | 4            |       |   |



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

|  | limited liability company as emist Fitness Lab, LLC | s it appears on the records of the F  | lorida Department                    |
|--|---|---------------------------------------|--------------------------------------|
| 2. The Florida doc                       | _   | ssigned to this limited liability cor | npany is:                            |
|  |   | signed or will withdraw/resign is:    | 04/15/16                             |
| 4. I, Robert Cann                        | OVA   | , hereby withdraw/resign as           | a                                    |
| Manager                                  |   |                                       | , e                                  |
| of this limited lia<br>resignation in wr | iting.  | ne limited liability company has be   | en notified of my                    |
| Filing Fee:                              | \$25.00 (Required)<br>\$30.00 (Optional)            | ming Manager                          | 16 APR 28<br>SECRETARY<br>TALLAHASSI |
|  |   |                                       |                                      |