114000179576

(Reque	estor's Name)	
(Addre	ss)	<u> </u>
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Document Number)		
·		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800309772788

03/05/18--01020--021 **25.00



W SALY MAR - 6 2018

COVER LETTER

TO: Reg	istration Section		
Divi	ision of Corporations		
SUBJECT:	MRE FITNESS, LLC		
	(Name of	Limited Liability Co	mpany)
The enclose	ed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please retur	n all correspondence concern	ing this matter to:	
DYLAN RI	EILLY		
	(Contact Person)		_
MRE FITN	IESS, LLC		
	(Firm/Company)		_
1133 BAL	HARBOR BLVD SUITE 1	11	
	(Address)		-
PUNTA G	ORDA, FL 33950		
•	(City/State and Zip Code)		
For further	information concerning this r	natter, please call:	:
DYLAN RI	EILLY	941 at (621-8238
1)	Name of Contact Person)		e & Daytime Telephone Number)
Epclosed pl \$25 Filin	ease find a check made payal ag Fee		Department of State for: g Fee & Certified Copy
STREET/C	COURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of	Corporations		Division of Corporations
Clifton Buil			P.O. Box 6327
	tive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department E FITNESS, LLC
2. The Florida doc L1400017957	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, CORY MALO	
MEMBER	
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)