# L14000191151

(Re	questor's Name)		
•			
:(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone #	<del>f</del> )	
PICK-UP	MAIT	MAIL	
/Bu	isiness Entity Name	<u>,                                    </u>	
(50	omess chary name	·)	
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u></u>	· <del></del>		





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FILED
2020 JUL 27 PH 1:26
SECRETARY OF STATE
TALLAHASSEE, TA

JQ 09/21/20

### **COVER LETTER**

	Fit Mom Personal Training, LLC		
SUBJE	CT: Fit Mom Personal Training, LLC Name of Lin	nited Liability	Company
DOCUN	MENT NUMBER: L14000191151	·	· ·
The encl for filing	losed Resignation of Registered Agent ( 3.	for a Limited	Liability Company and fee are submitted
Please re	eturn all correspondence concerning this	s matter to th	ne following:
United	States Corporation Agents, Inc.		
_	Name of Person		
Legalzo	oom.com, Inc.		
	Name of Firm/Company		
101 No	orth Brand Blvd. 11th Floor		
	Address	<del></del>	
Glenda	ile, CA 91203		
	City/State and Zip Code	<del></del> ·	
raresig	nations@legalzoom.com		
E-m	ail address: (to be used for future annual report	notification)	
For furth	ner information concerning this matter.	please call:	
Janna I	Pantoja	, 800	773-0888 x3950 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc.  Name of Registered Agent		hereby resigns as	
Registered Agent for F	it Mom Personal Training, LLC		
	Name of Limited Liability Company		
L14000191151			
Document Nu	imber, if known		
	on was mailed to the above listed limited liability e		s filed.
	Signature of Resigning Agent		
If signing on behalf of a	n entity:	2000 2000 2000 2000	20.25
	Cheyenne Moseley	SECRETARY TALLAHA	
	Typed or Printed Name	——————————————————————————————————————	
	Asst. Secretary for United States Corporation Age	ents, Inc	-
	Capacity	OF STATE SEE, FL	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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