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(Re	questor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUB	JECT: Rebounder	z of Charlotte,	NC, LLC
		nited Liability Con	npany)
The e	enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	this matter to:	
	Christin Meyer		
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	-
	Warshawsky Seltzer		
	(Firm/Company)		-
	9943 East Bell Road		
	(Address)		_
	Scottsdale, Arizona 85260		
	(City/State and Zip Code)		ar-
For f	urther information concerning this mat	er, please call:	
	Christin Meyer	480 at (719-4800
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section sion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle		Tallahassee, Florida 32314
Talla	hassee, Florida 32301		

CR2E079 (2/14)



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)

1. The name of th	e limited liability company as	it appears on the records of the Flo	rida Dep	artment	
of State is:	Rebounderz of Charlotte, No	C, LLC	11 X	1 6	
	cument/registration number as	ssigned to this limited liability comp	pany is:	NUG -5 PM	
A 1.C	and the area	igned or will withdraw/resign is:	7/14/201		
		, hereby withdraw/resign as a			
IVI	anaging Member (Print Title)				
of this limited lia resignation in wr		e limited liability company has been	notified	of my	
ar t	24				
Signature of Di	ssociating Member or Resign	ing Manager			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)				