L15000050410

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
(,			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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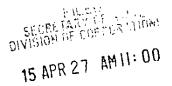
SECRETARY OF ATTEMPT O

615/15

COVER LETTER

_	ion of Corporations			
SUBJECT:	ATHLETICSFIT LLC			
SCHOLCI.	(Name of	Limited Liability C	ompany)	
The enclosed	I member, resignation or dis	sociation and fee	(s) are submitted for f	iling.
Please return	all correspondence concern	ing this matter to):	
SEMYON Z	ZHUKOVSKIY			
***	(Contact Person)		_	
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		<u> </u>	
10687 PISA	A RD			
	(Address)			
WELLINGT	ON, FL 33414			
	(City/State and Zip Code)		_	
For further in	nformation concerning this n	natter, please cal	1:	
SEMYON Z	ZHUKOVSKIY	561	797-7906	
(N	ame of Contact Person)		de & Daytime Telephon	e Number)
Enclosed ple \$25 Filing	ase find a check made payab g Fee		Department of State fing Fee & Certified Co	
Registration Division of C Clifton Build 2661 Execut	Corporations	,	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	n ations

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)

	limited liability company as it appea	rs on the records of the Florida Department
2. The Florida docu	ument/registration number assigned t	o this limited liability company is:
L1500005041	0	
	ember/manager withdrew/resigned or HUKOVSKIY, he Name of Person Resigning)	will withdraw/resign is: 04/22/2015 ereby withdraw/resign as a
(Print N AMBR	(ame of Person Kesigning)	
	(Print Title)	
of this limited lial resignation in writer	riting.	l liability company has been notified of my
	issociating Member or Resigning Ma	nager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	