1150000 50410

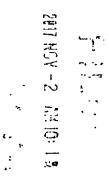
| (Re | questor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Ad | dress) | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nar | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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HOV O ? 2019 J. HARRIS

COVER LETTER

| TO: | | stration Section ion of Corporations | | | | |
|---------------------------------------|---|---|------------------|---|--|--|
| SUBJ | ECT: | ATHLETICSFIT LLC | | | | |
| | | (Name of Limited Liability Company) | | | | |
| The er | nclosed | l member, resignation or dissoci | iation and fee(s | s) are submitted for filing. | | |
| Please | return | all correspondence concerning | this matter to: | - | | |
| МІКН | IAIL S | IDORENKO | | | | |
| | | (Contact Person) | | - | | |
| ATHL | ETICS | SFIT LLC | | | | |
| | | (Firm/Company) | | _ | | |
| 1465 | NE 12 | 21 STREET | | | | |
| | | (Address) | | - | | |
| NOR | тн мі | AMI 33161 | | | | |
| | | (City/State and Zip Code) | | _ | | |
| For fu | rther ir | nformation concerning this matt | er, please call: | | | |
| МІКН | IAIL S | IDORENKO | 774 | 3100077 | | |
| | (N | ame of Contact Person) | | e & Daytime Telephone Number) | | |
| | sed ple 5 Filing | ase find a check made payable t g Fee | | Department of State for: g Fee & Certified Copy | | |
| Regist Divisi Cliftor 2661 I | tration on of C n Build Execut | OURIER ADDRESS: Section Corporations Jing ive Center Circle Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |

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)

| | | s it appears on the records of | |
|---|--|-----------------------------------|-------------------------|
| of State is: | | | . |
| 2. The Florida docu | iment/registration number a | ssigned to this limited liability | ty company is: |
| L15000050410 |) | | |
| 3. The date this me | mber/manager withdrew/res | signed or will withdraw/resig | n is: |
| 4. I. MILOS RIST | an as a | | |
| (Print N | ame of Person Resigning) | , hereby withdraw/resig | , |
| AMBR | | | |
| | (Print Title) | | |
| of this limited lial resignation in wr | • | ne limited liability company h | nas been notified of my |
| | The state of the s | | 2817 NG |
| Signature of Di | ssociating Member or Resig | gning Manager | V - 2 1 |
| Filing Fee: | \$25.00 (Required) | | |
| • | \$30.00 (Optional) | | . <u>.</u> |