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(R	Requestor's Name)	
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Α)	(ddress)	
(A 1	Address)	
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<u> </u>	City/State/Zip/Phone #)	
, (c 	nty/State/Zip/Filone #)	
PICK-UP	☐ WAIT ☐ MAIL	
	Business Entity Name)	
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([Ocument Number)	
Certified Copies Certificates of Status		
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Special Instructions to	o Filing Officer:	
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SEP 10 2018

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
	·	
SUBJI	ECT: Below Zero Cryotherpy LL (Name of Limited Liability Con	<u> </u>
	(Name of Limited Liability Con	npany)
(F)		3 1. Car. 1.C. C. C. C.
The en	closed member, resignation or dissociation and fee(s) are submitted for filing.
D1	all and all and an analysis of the spotter to	
Picase	return all correspondence concerning this matter to:	
	,	
S.Yn	Contact Person)	
	(Contact Person)	_
	(Firm Company)	_
	(Vana Csarpany)	
		1
1600	South Feberal Huy JoiTC 45	<u>1</u>
	(Address)	
B cm	now Beach, FL 33062	
_1_1	navi Beach, FL 33062 (City/State and Zip Code)	_
For fur	rther information concerning this matter, please call:	
5.12.1	(Name of Contact Person) at (954) (Area Code	, 807-3408
740	(Name of Contact Person) (Area Code	& Daytime Telephone Number)
	(Name of Confact Person)	te suytine retephone rumoer,
Enclos	sed please find a check made payable to the Florida D	Department of State for:
		Fee & Certified Copy
, ,		•
STRE	ÉT/COURIER ADDRESS:	MAILING ADDRESS:
Regist	ration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
Tallah	assee, Florida 32301	
CR2E07	9 (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 the limited liability company as it appears on the records of the Florida Department
of State is: Belas zero Cryotherapy
2. The Florida document/registration number assigned to this limited liability company is:
L15000132143
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2018
4.1. Show Schwart 2 hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGEC (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)
SSE PH
36
CR2E079 (2/14)