

L15000152595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

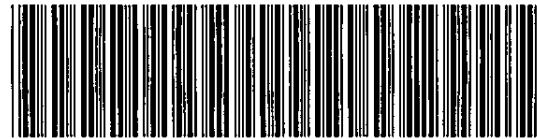
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 26 2016

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October 20, 2016

#15752-1

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

Re: FITNESS. HEALTH. NUTRITION. LIFE, LLC
Document Number: L15000152595

Dear Sir/Madam:

Enclosed herewith for filing is the Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company and the Statement of Resignation of Registered Agent for a Limited Liability Company, in connection with the above-referenced LLC.

Also, **enclosed** please find a check in the total amount of \$50.00, representing payment of the two forms for your filing fee.

If you have any questions with regard to this letter and/or the enclosures, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.

Elizabeth J. Barber

Elizabeth J. Barber, Esq.

EJB/dh
Enclosures

EJB:dh\15752-1\ltxCorpFLDeptofState

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FITNESS. HEALTH. NUTRITION. LIFE, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ELIZABETH J. BARBER

(Contact Person)

DUNLAP & MORAN, P.A.

(Firm/Company)

P.O. BOX 3948

(Address)

SARASOTA FL 34230-3948

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH J. BARBER

(Name of Contact Person)

at 941 366-0115

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



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: FITNESS. HEALTH. NUTRITION. LIFE, LLC

2. The Florida document/registration number assigned to this limited liability company is: L15000152595

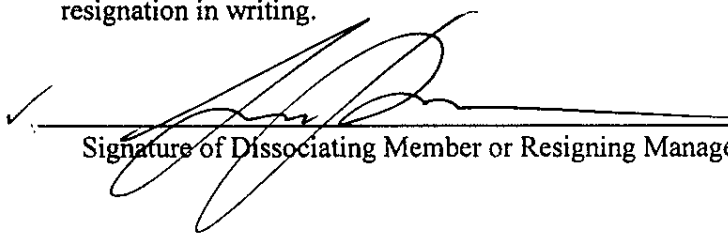
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/27/16

4. I, IEVA BERKE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER/MEMBER

(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)