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COVER LETTER

SUBJECT: WEIGH LITE PRO 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: TODY YOUNG (Contact Person)	Division of Corporations	·
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: TOPY YOUND (Contact Person)	Division of Corporations	
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The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: TOPY YOUND (Contact Person)	SUBJECT: WEIGHTITE PRO	, LLC
Please return all correspondence concerning this matter to: TODY YOUNG	(Name of Limit	ed Liability Company)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Property Prop	The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
DEIGH LITE PROLECTION	Please return all correspondence concerning t	his matter to:
DEIGH LITE PROLECTION		
DEIGH LITE PROLECTION	JODY YOUNG	
DEIGH LITE PROLECTION	(Contact Person)	
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TALKSONVILLE FL 3.22 TS	VEIGHLITE PROLLI	
TACKSONVILLE FL 3.22 FF (City/State and Zip Code) For further information concerning this matter, please call: TOPY YOUNG at (904) 994 052 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Bigsigma\$ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	(Firm/Company)	
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For further information concerning this matter, please call:	(Address)	
For further information concerning this matter, please call:		
For further information concerning this matter, please call:	JACKSONVILLE FL 3:225	-5
TOPY YOUNG— (Name of Contact Person) at (904) 994 052 (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 At (904) 994 052 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	(City/State and Zip Code)	
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Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\square\$	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
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Clifton Building P.O. Box 6327	Registration Section	
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Tallahassee, Florida 32301	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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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: WEIGHLITEPRO, CLC.
2. The Florida document/registration number assigned to this limited liability company is:
L15000159963
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12 3/126/6
4. I, Rose of Rever Revision A, hereby withdraw/resign as a
MANACEN (EO (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
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
MA PRIME
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)