

45000 161726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

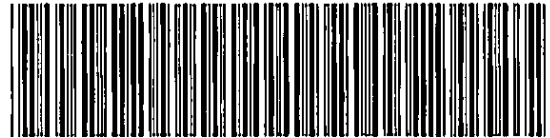
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED JUN 16 2017

FILED  
2016 JUN 16 AM 8:01  
JULIAN, ARIZONA

JUN 20 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Specialized Swim & Wellness, 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:

Kristy Squire  
(Contact Person)

Specialized Swim & Wellness  
(Firm/Company)

1000 NW 1st Ave #25  
(Address)

Boca Raton FL 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristy Squire at (301) 306-2170  
(Name of Contact Person) (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: Specialized Swim & Wellness, LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L15000161724.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/13/18.
4. 1. Itty Bitty Swimmers, LLC, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGR  
(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)

2018 JUN 18 AM 8:01  
FILED  
TALLAHASSEE, FLORIDA  
CLERK OF THE DIVISION OF CORPORATIONS