# L16000117983

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01/05/21--01030--001 \*\*25.00

S. YOUNG



### **COVER LETTER**

Name of Limited Liability	Company
DOCUMENT NUMBER: L16000117983	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	·
Name of Person	•
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	•
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (800	773-0888 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

**TO:** Registration Section Division of Corporations

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

#### STREET ADDRESS:

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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	e undersigned.			
United States Corporation Agents, Inc.		, hereby resigns	resions as		
	Name of Registered Agent		•••		
Registered Agent for _	12MarketFitness, LLC		<del></del>		
	Name of Limited Liability Company	T			. <b>.</b>
L16000117983					
Document?	Number, if known				
A copy of this resignat	ion was mailed to the above listed limited lia	ability company at its la	ast known a	iddress.	
The agency is terminal	ted and the office discontinued on the 31st days and the office discontinued on the 31st days are significant to the sideal significant to the significant to the significant to the sig		ch this state		s filed.
If signing on behalf of	an entity:		÷ .	2021 JAN	
	Cheyenne Moseley		. +1 8	Ġ	
	Typed or Printed Name		•	<u>-p</u>	
	Asst. Secretary for United States Corpora	tion Agents, Inc.	<b></b>	PM 12:	•
	Capacity		<del>:</del>	-6	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314