

L16000127192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

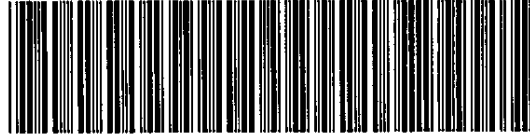
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shelley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2016

CHRISTINA SHAW  
1019 GRANT BLVD  
LEHIGH ACRES, FL 33974

SUBJECT: THATTHRIVELIFE, LLC  
Ref. Number: L16000127192

2016 AUG 25 AM 11:11  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THATTHRIVELIFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list date member/manager withdrew/resigned or will withdraw/resign on #3 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 616A00016775

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** That+ThriveLife  
(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:

Christina Shaw  
(Contact Person)

That+ThriveLife, LLC  
(Firm/Company)

1019 Grant Blvd  
(Address)

Lehigh Acres, FL 33974  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christina Shaw at 239 8885025  
(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: THAT THRIVELIFE, LLC

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

L160000127192

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

Jason Hull  
8/2/16

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

manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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16 AUG 25 AM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)