116000185515

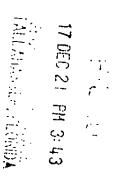
(Requestor's Name)				
(Address)				
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(C) - (C) (Z) (D) 40				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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O SIMMONS DEC 2 1 2017

COVER LETTER

CR2E079 (2/14)

TO:	_	ition Section a of Corporations		
SUBJ	ret.	FRAZERFIT, L	_LC	
SUDA	ECT	(Name of L	imited Liability Cor	mpany)
The er	nclosed m	nember, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please	e return al	l correspondence concernit	ig this matter to:	
		ZACHARY FRAZER		_
	,	(Contact Person)	_	
		FRAZERFIT, LLC		
		(Firm/Company)		_
	74	41 MINNOW BROOK W	/AY	
		(Address)		
	LA	ND O' LAKES, FL 346	37	
	·	(City State and Zip Code)		-
For fu	irther info	ormation concerning this m	atter, please call:	
	EDF	RINA HAMMOND	at (<u>813</u>) 586-1336
	(Nan	ie of Contact Person)	(Area Code	e & Daytime Telephone Number)
	osed pleas 5 Filing F	e find a check made payabl ee		Department of State for: g Fee & Certified Copy
STR	EET/CO	URIER ADDRESS:		MAILING ADDRESS:
•	stration Se			Registration Section
		rporations		Division of Corporations P.O. Box 6327
	m Buildii Executiv	ig e Center Circle		Tallahassee, Florida 32314
		lorida 32301		



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 Flo	orida R epartment
of State is: FRAZERFIT, LLC	
2. The Florida document/registration number assigned to this limited liability com	npany is:
L16000185515	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: _	12/15/17
4. I, CHRISTINE FRAZER , hereby withdraw/resign as a (Print Name of Person Resigning)	
AMBR (Print Tale)	
of this limited liability company and affirm the limited liability company has been resignation in writing. Signature of Dissociating Member or Resigning Manager	en notified of my