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COVER LETTER

SUBJECT: Spirit IN	MOTION LLC
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Shawa Mizell (Contact Person)	
Spirit in Mation (Firm/Company)	
4420 Keyes Ave	
Spr.ng Hill FL. 3460 (City/State and Zip Code))6
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (352) 573 4748 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$\square\$ \$\squa
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations



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)

I. The name of the	imited liability company as it appears on the records of the Florida Department	
of State is:	Spirit in Motion LLC	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
L1700	0022035	
	nber/manager withdrew/resigned or will withdraw/resign is: 07 [18 20]	
4. I. <u>Shawa</u> (Prini No	MIZE	
Partner	Registered Member of LLC	<u> </u>
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my	
Signature of Dis	sociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required)	