## U70000 40037

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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01/31/19-01009-017

R. WHITE

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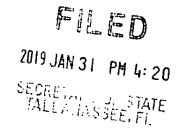
## **COVER LETTER**

Division of Corporations	
SUBJECT: TON FAMILY TO (Name of Limited Liability Com	itness, LL
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Laura A. Worrell (Contact Person)	
(Firm/Company)	
13221 Ridge Rd.	
Lavo FL 33778  (City/State and Zip Code)	
For further information concerning this matter, please call:	
Laura Wovell at ( (Area Code	0182092 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$25 Filing	epartment of State for: Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 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)

		I
1. The name of the li	imited liability company	as it appears on the records of the Florida Department
of State is:	roritaring	Fitness, LLC
2. The Florida docur	nent/registration number	assigned to this limited liability company is:
L170000	40037	
3. The date this mem	nber/manager withdrew/r	resigned or will withdraw/resign is: 128/19
4.1. Laura	المحيا	, hereby withdraw/resign as a
Co own		
(F	Print Title)	
		the limited liability company has been notified of my
resignation in writi	ing.	
X auree /	Jaril II	
Signature of Diss	sociating Member or Res	signing Manager
Filing Fee:	• •	
Certified Conv.	\$30.00 (Optional)	