

L170000 42434

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9 Warren

MAY - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevation Fitness LLC
(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:

Xiomara Polanco
(Contact Person)

Sanchez Vadillo LLP
(Firm/Company)

11402 NW 41 Street, Unit 202
(Address)

Doral, FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

Xiomara Polanco at (305) 485 9700
(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:

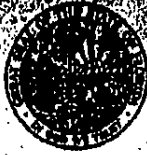
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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

↑
Mail
here!



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: Elevation Fitness LLC

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

L170000420434

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/28/17

4. I, INTERFIT 2017, LLC, 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] Manager, Jean Paul Hallak
Signature of Dissociating Member or Resigning Manager

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

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