(Requestor's Name)	
(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:	$\neg$
Special Instructions to Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:  Name of Limited I.	Likilini Coninciny
Name of Limited I.	давину Сотрапу
DOCUMENT NUMBER: L17000148256	
The enclosed Resignation of Registered Agent for a I for filing.	limited Liability Company and fee are submitted
Please return all correspondence concerning this matt	ter to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	<del></del>
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notific	eation)
For further information concerning this matter, pleas	e call:
800	773-0888
Name of Person Are	773-0888  a Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depliability company or \$25.00 for an administratively diability company.	partment of State for \$85.00 for an active limited lissolved, voluntarily dissolved or withdrawn limited
	STREET ADDRESS:
Registration Section	Registration Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the unders	igned.
United States Corporation Agents, Inc.	hereby resigns as
Name of Registered Agent	202
Registered Agent for GYM PIN, LLC	2022 1148
Name of Limited Liability Company	ω
L17000148256	Ali 6: 3
Document Number, if known	$rac{\omega}{2}$
A copy of this resignation was mailed to the above listed limited liability of the agency is terminated and the office discontinued on the 31st day after Signature of Resigning Agent	
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed Name	<del></del>
	ents, Inc.

Make checks payable to Florida Department of State and mail to: Division of Corporations

FILING FEES:

\$ 85.00 | Active limited liability company
\$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314