L17000/624/1

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Regi	stration Section				
		sion of Corporations				
SUBJ	ECT:	PRO DAY FITNESS CENTE	R "LLC"			
		(Name	of Limited Liability C	Company)		_
The er	nclosed	d member, resignation or d	issociation and fee	c(s) are submitted fo	or filing.	
Please	return	all correspondence conce	rning this matter to	o:		
Selena	Bryant					
		(Contact Person)				
		(Firm/Company)	<u></u>			~~
6660 Katherine Road					- ((Y) 83
		(Address)			`· 	33
West P	alm Bea	ich, FL 33413) i
		(City/State and Zip Code)		<u> </u>		
For fur	ther in	aformation concerning this	matter, please call	1:		9 53
Selena i	Bryanı		561 at (512-9226		
	(Na	ame of Contact Person)		de & Daytime Telepho	one Number)	-
Enclos \$25	ed plea Filing	ase find a check made payo Fee		Department of Stating Fee & Certified (
	Regist Divisi P.O. E	g Address: tration Section on of Corporations Box 6327 wassee, FL 32314		Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Tallahassee, FL 3	orations Hahasse <mark>e</mark> Street, Suite	: 810



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)

	limited liability company as it app DAY FITNESS CENTER "LLC"	pears on the records of the Flo	rida Department
of State is:	JAY FIINESS CENTER LLC.		·
	ment/registration number assigne	d to this limited liability comp	pany is:
L17000162411			2a
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is:	elena L. Bryant
	nela Bryant, , hereby withdraw/resign as a rint Name of Person Resigning)		
(Print N	ume of Person Resigning)	-	4.
Manager			
	Print Title)		့ အ သ
	oility company and affirm the lim	ited liability company has bee	n notified of my
resignation in wr	Jul B		
Signature of Di	sso ciating Member or Resigning	Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		