

L17000236067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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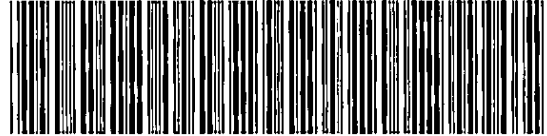
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fit 5 Pines LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000236067

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Fritz
Name of Person

Fit 5 Pines LLC
Name of Firm/Company

12330 SW 53rd ST suite 707
Address

Cooper City FL 33330
City/State and Zip Code

daniel.fritz1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Fritz at (954) 871-5433
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Daniel Fritz, hereby resigns as
Name of Registered Agent

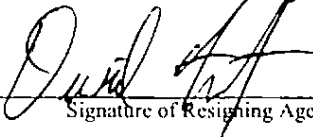
Registered Agent for Fit 5 Pines LLC

Name of Limited Liability Company

L17000236067
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

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

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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