L18000001742

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

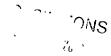
Office Use Only



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SECRETARY OF STATE





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 appears on the records of the Florida Department per Fitness, LLC
2. The Florida doc-	ament/registration number assigned to this limited liability company is:
3. The date this mo	mber/manager withdrew/resigned or will withdraw/resign is:
4. I,	
AMBR	
	(Print Title)
resignation in wr	
Signature of D	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)