## 118000038470

| (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: |
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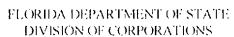
## **COVER LETTER**

| SUBJECT: Crack It Finess  (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:  MGT RuTLOWSK!  (Contact Person)  Crack It Fitness  (Contact Person)  Grack It Fitness  (Contact Person)  Crack It Fitness  (Contact Person)  Grack It Fitness  (Address)  For Hyres F1 35467  (Contact Person)  For further information concerning this matter, please call:  MGT Hyrestate and Fip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Name of Contact Person)  Type Code & Daytime Telephone Number)  Expelosed please find a check made payable to the Florida Department of State for:  [SSS Filing Fee Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327   | TO: Registration Section Division of Corporations       |   |
|---|---|---|
| (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:  Hat Ruthowski (Contact Person)  Crace It Limited Liability Services (Firm/Company)  Goddess)  For Hyper It 35/67  (Name of Contact Person)  For further information concerning this matter, please call:  Hat Suthowski (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  SSS Filing Fee  SSS Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327   | Division of Corporations                                |   |
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| The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Hat Ruthowshi (Contact Person)  Crace It Filings  (Firm/Company)  For Hyers F1 35%7  (Contact Person)  For further information concerning this matter, please call:  Hat Suthowshi (Name of Contact Person)  Epclosed please find a check made payable to the Florida Department of State for:  S55 Filing Fee Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327   |   | <del></del>                                 |
| Please return all correspondence concerning this matter to:    Matt Rutlowski     (Contact Person)     Crave It Firm/Company)     Grow Estex Oaks & Coddress     (Address)     For Hyer F   35%     (Address)     For further information concerning this matter, please call:   Mars luttowski     (Name of Contact Person)     (Area Code & Daytime Telephone Number)     Enclosed please find a check made payable to the Florida Department of State for:   S55 Filing Fee   \$555 Filing Fee & Certified Copy     STREET/COURIER ADDRESS:   Registration Section     Division of Corporations     Co   | (Same o) Limited Labrid                                 | (y Company)                                 |
| Hat Ruthowski  (Contact Person)  Crace It Films S  (Firms Company)  GSD Estee Oaks 1  (Address)  For Hyers F1 35947  (Cuty/State and Zip Code)  For further information concerning this matter, please call:  Marshit Owski at (S84) 354-4590  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  1 \$25 Filing Fee □ \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building P.O. Box 6327  | The enclosed member, resignation or dissociation and    | fee(s) are submitted for filing.            |
| Crace It Ithus!  (Firm/Company)  GSD Estew Oaks by  (Address)  For further information concerning this matter, please call:  Hart lowskie and rip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  SSE Filing Fee  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327  | Please return all correspondence concerning this matter | er to:                                      |
| FORT Hyer F1 35%7  For further information concerning this matter, please call:  Marshit owski at (584) 354-4590  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Epclosed please find a check made payable to the Florida Department of State for:  \$\int \frac{1}{2} \f   | Matt Ruthowski  |   |
| FORT Hyer F1 35%7  For further information concerning this matter, please call:  Marshit owski at (584) 354-4590  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Epclosed please find a check made payable to the Florida Department of State for:  \$\int \frac{1}{2} \f   | Crace It Fitness  |   |
| For further information concerning this matter, please call:    Marshit Owski   | (Firm/Company)  | <del></del>                                 |
| For further information concerning this matter, please call:    Marshit Owski   | 9950 Ester Oaks Sr                                      |   |
| For further information concerning this matter, please call:    Main  | (Address)   | - <del></del>                               |
| Mame of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  □ \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  Division of Corporations Clifton Building  Division of Corporations P.O. Box 6327   | FORT Hyers F1 35  | 967   |
| Mame of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  □ \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  Division of Corporations Clifton Building  Division of Corporations P.O. Box 6327   | For further information concerning this matter, please  | edl <sup>.</sup>                            |
| Enclosed please find a check made payable to the Florida Department of State for:  \$2.\$25 Filing Fee \$\Bigsquare \\$55 Filing Fee & Certified Copy  \$35 Filing Fee & C  |   |   |
| Enclosed please find a check made payable to the Florida Department of State for:  \$2.\$25 Filing Fee \$\Bigsquare\$\$ \$55 Filing Fee & Certified Copy  \$35 Filing Fee & | Marshitowski au 50                                      | 36, 354-459(                                |
| Enclosed please find a check made payable to the Florida Department of State for:  \$2.\$25 Filing Fee \$\Bigsquare \\$55 Filing Fee & Certified Copy  \$35 Filing Fee & C  | (Name of Contact Person) (Area                          | Code & Daytime Telephone Number)            |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAHLING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327   | Enclosed please find a check made payable to the Flor   | rida Department of State for:               |
| Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 6327   | 355 r r r r r r r r r r r r r r r r r r                 | rining ree & Certified Copy                 |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327  | STREET/COURIER ADDRESS:                                 | MAILING ADDRESS:                            |
| Clifton Building P.O. Box 6327  |   | <del>-</del>                                |
|   | ·   | •   |
| ADDI EXECUITE TRUBELLIBURE AND  | 2661 Executive Center Circle                            | P.O. Box 6327<br>Tallahassee, Florida 32314 |

CR2E079 (2/14)

Tallahassee, Florida 32301





## 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:                             | Crave It Fitness, LCC  |
| 2. The Florida docu                      | iment/registration number assigned to this limited fiability company is:               |
| 41                                       | <u>8000038470</u>  |
| 3. The date this me                      | mber/manager withdrew/resigned or will withdraw/resign is: $9 - 1 - 18$                |
| 41 KiTA F                                | hereby withdraw/resign as a fame of Person Resigning)                                  |
| <u> Mana</u>                             | GET<br>Frim Tules  |
| of this limited lia<br>resignation in wr | bility company and affirm the limited liability company has been notif. I of my iting. |
| Bisa                                     | Anual  |
| T Signature of Di                        | ssociating Member or Resigning Manager   |
| -  | \$25.00 (Required)   |
| Certified Copy:                          | \$30.00 (Optional)   |