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COVER LETTER . .

TO: Registration Section Division of Corporations
SUBJECT: Evision Fitness LLC (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:
Javier Ever Torres (Contact Person)
Evision Fitness LLC (Firm/Company)
18600 NW 87 Avenue # 116
Hialeah, FL 33015 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 234 - 5399 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

1. The name of the limited liability company as it appears on the records of the Florida $\mathbf{E}(\mathbf{x}, \mathbf{x}) \in A$	Departm	ient
of State is: Florida		 ·
2. The Florida document/registration number assigned to this limited liability company	is:	
L18000112411		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: <u>July</u>	y 15, 2	2022
4. I. Evelyn H. Salinas, hereby withdraw/resign as a (Print Name of Person Resigning)		
Managera (Print Title)		
of this limited liability company and affirm the limited liability company has been no resignation in writing. Luck Jaluan		
Signature of Dissociating Member or Resigning Manager - Everyn H. Sc	1111 A	.)
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Mr.	2022 SEP
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