

L18 000217137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

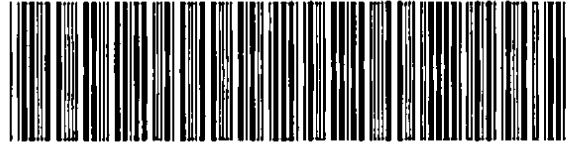
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/20--01018--021 **25.00

12/28/20 11:33 AM

Resignation

FEB 09 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Results Nutrition 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:

Kathleen R Arnold
(Contact Person)

Results Nutrition LLC
(Firm/Company)

62 Brunett Ln.
(Address)

Palm Coast, FL 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Arnold at (904) 540-5517
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2
P. 3:36

**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: Results Nutrition LLC

2. The Florida document/registration number assigned to this limited liability company is:

L18000217137

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/20/2020

4. I, Anthony D Arnold, hereby withdraw/resign as a
(Print Name of Person Resigning)

Anthony D Arnold
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Anthony D Arnold

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)