

L18 000217137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

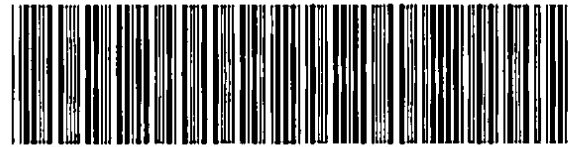
(Document Number)

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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

**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)