L18000282088

(Re	questor's Name)	 · · _
	,	
(Ad-	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(50	oument Humber,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Division of C					
SUBJECT: BR	RACKIN ELITE SWIM				
	(Name of Li	mited Liability Con	ipany)		
The enclosed members	er, resignation or disso	ciation and fee(s) are submitted for filing.		
Please return all corn	respondence concernin	g this matter to:			
KIMBERLY	BRACKIN				
	(Contact Person)		-		
BRACKIN ELITI	E SWIM TRAINING L	.LC	_		
	(Firm/Company)				
140 12TH AVE NE					
	(Address)				
ST PETERSBUR	G FL 33701		_		
((City/State and Zip Code)				
For further informat	tion concerning this ma	atter, please call:			
TRISHA BONILI	_A	305 at (975-8010	20 MAR 13	<u>.</u>
(Name of	Contact Person)	(Area Code	& Daytime Telephone Number)	-	
Enclosed please find	d a check made payable	e to the Florida I	Department of State for:	$\overline{\omega}$	
□ \$25 Filing Fee \$\sqrt{2}\$ \$55 Filing Fee & Certified Copy		PH	3.		
				3: 24	-: -: -:
Mailing Addre			Street Address:	£_	-; -
Registration			Registration Section		
	Corporations		Division of Corporations		
P.O. Box 63		The Centre of Tallahassee			
Tallahassee,	FL 32314		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 Floric	ia Departme	ent
of State is: BRACKIN ELITE SWIM TRAINING	<u></u> _	_·
2. The Florida document/registration number assigned to this limited liability compar L18000282088	ny is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/1/ STEVEN T BRACKIN hereby withdraw/resign as a	′2020	
4. I, STEVEN T BRACKIN , hereby withdraw/resign as a (Print Name of Person Resigning)		
MEMBER (Print Title)	20 MAR	\$ <u>12.</u> -
of this limited liability company and affirm the limited liability company has been resignation in writing.		my
Signature of Dissociating Member or Resigning Manager	L.	•

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: