

L19000053896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

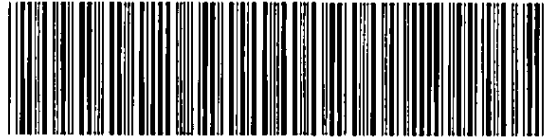
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200437466252

10/03/24 04:13:13 PM \$25.00

TALLAHASSEE, FLORIDA

2024 OCT -3 PM 4: 13

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fit + Balanced Bookkeeping
(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:

Denise VanNoy
(Contact Person)

Fit + Balanced Bookkeeping
(Firm/Company)

3421 SE Micanopy Ten
(Address)

Stuart, FL 34997
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise VanNoy at (772) 812-7228
(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
check 796
 \$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



FILED

2024 OCT -3 PM 4: 13

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: Fit + Balanced Bookkeeping

2. The Florida document/registration number assigned to this limited liability company is: L19000053896

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/24

4. 1. Denise L VanNoy hereby withdraw/resign as a
(Print Name of Person Resigning)

Registered Agent / member / Title AMBR
(Print Title)

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

Denise L VanNoy
Signature of Dissociating Member or Resigning Manager

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