119000084022

(F	Requestor's Name)	
	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
_	, WAIT	☐ MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
J	. HORNE	
0	CT 2 6 2023	

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COVER LETTER

Division of Corporations Lift the Soul Fitness, LLC SUBJECT: (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: Kenneth Duong (Contact Person) Lift the Soul Fitness (Firm/Company) 206 Ashourian Ave Ste. 112 (Address) St. John's, FL 32092 (City/State and Zip Code) For further information concerning this matter, please call: Kenneth Duong (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Registration Section





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)

	e limited liability company as it appears on the records of the Florida Department he Soul Fitness, LLC
2. The Florida doc L19000084022	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
Jackson Le	, hereby withdraw/resign as a Name of Person Resigning)
Authorized Perso	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)