## L19000084528

(Re	questor's Name)	-		
(Ad	dress)			
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## **COVER LETTER**

_	stration Section sion of Corporations		
	Rock Fitness II , LLC		
SUBJECT:	~ <del></del>	Limited Liability Co	mpany)
The enclose	d member, resignation or dis	sociation and fee(	s) are submitted for filing.
Please return	n all correspondence concern	ing this matter to:	
Christine Kriv	osheiw		
	(Contact Person)		_
Rock Fitness I	I, LLC		
<del></del>	(Firm/Company)		_
2607 N Ocean	Ave		
	(Address)		<b>_</b>
Riviera Beach	. FL 33404		
	(City/State and Zip Code)		_
For further i	nformation concerning this n	natter, please call:	
Christine Kriv	oshciw	561 at (	619-3687
(1)	Name of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ease find a check made payat g Fee		Department of State for: g Fee & Certified Copy
Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, 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 Dep	artinent.
of State is: Rock Fitness II, LLC	*
2. The Florida document/registration number assigned to this limited liability company is:  Li9000084528	-4 PM 12: 07
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	7
4. I, Philippe Malouf , hereby withdraw/resign as a (Print Name of Person Resigning)	
Title Member Member Member.  (Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	d of my
Signature of Dissociating Member of Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	