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## **COVER LETTER**

·	
SUBJECT: 5A FITNESS, LLC DBA MIND BOOK (Name of Limited Liability Company)	ody Gy
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Ashly Drummonds (Contact Person)	
(Firm/Company)	
18235 Rose St. (Address)	궣
Groveland, FL 34736 (City/State and Zip Code)	15 C T 2
For further information concerning this matter, please call:	- 19 - 1일
AShly Drummondo at (813) 326-7945 (Area Code & Daytime Telephone Number)	9: 55 6: XIIIGNS
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{1}^{2}\$\$ \$\sum_{2}^{2}\$\$ \$\sum_{3}^{2}\$\$ \$\sum_{4}^{2}\$\$ \$\sum_{4}^{2}\$\$ \$\sum_{5}^{2}\$\$ \$\sum_{5}^{	

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO:

Registration Section
Division of Corporations



## 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 limit	ited liability company as it appears on the records of the Florida Dep	partment
of State is: 5A	Fitness, LLC DBA mind Body E	ym
2. The Florida documen	nt/registration number assigned to this limited liability company is:	
L1900021	7 <b>5</b> 17	
3. The date this membe	er/manager withdrew/resigned or will withdraw/resign is: 10 19	2019
4.1, Ashley D	rummonds, hereby withdraw/resign as a of Person Resigning)	
Manader (Prin	(MGR).	
of this limited liability resignation in writing	y company and affirm the limited liability company has been notified.	d of my
Shek		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Signature of Dissoc	nuting Member or Resigning Manager	
		က္ <sup>9</sup> မ္
•	\$25.00 (Required)	55 (1:5)
Certified Copy: S	630.00 (Optional)	