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COVER LETTER

Division of Corporations AEON 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: CESAR SUAREZ (Contact Person) EXPRESS TOTAL MULTISERVICES LLC (Firm/Company) 8092 WEST SAMPLE ROAD (Address) MARGATE FLORIDA 33065 (City/State and Zip Code) For further information concerning this matter, please call: 770 CESAR SUAREZ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee
 S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department FITNESS LLC
2. The Florida docu L20000001297	ument/registration number assigned to this limited liability company is:
מואוז או באוסות	mber/manager withdrew/resigned or will withdraw/resign is: QUEZ, EDNNA , hereby withdraw/resign as a
(Print N	ame of Person Resigning)
	(Print Title)
resignation in wri	_
EDNNA PINZON ET	NRIQUEZ - IJEngz.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)