## 120000097909

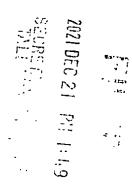
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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10 (21/21--01012--020 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: The Fit Life Mrals LLC (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:							
Richard Cople-/ (Contact Person)							
The Fit Life Mrals LLC (Firm/Company)							
50 W. Orange Ave							
Eusyl.s FL 32726 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Richard (ople) at (352) 9896795 (Area Code & Daytime Telephone Number)							
Enclosed please find a check made payable to the Florida Department of State for:  \$\sqrt{1}\$ \$25 Filing Fee \times Certified Copy}							
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations							

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



## 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)

	limited liability compa			ds of the Florida I	Departmen
of State is:	he Fit Lize	Mrals	LLC		
2. The Florida docu	ment/registration num	ber assigned t	to this limited l	iability company i	is:
LZ 0000	0097909	<del></del> ·			
3. The date this mer	mber/manager withdre	w/resigned or	will withdraw	/resign is: <u>Jan 1</u>	,2027
	Blyn + ame of Person Resigning)				
Aditional	Member	·			
of this limited liab resignation in wri	oility company and affiting.	irm the limite	d liability comp	oany has been noti	ified of my
- Ch cle	Sociating Member or	nd			
Signature of Di	ssociating Member or	Resigning Ma	ınager	20	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			PU DEC 21	F-1 11
				: <u>P</u>	