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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

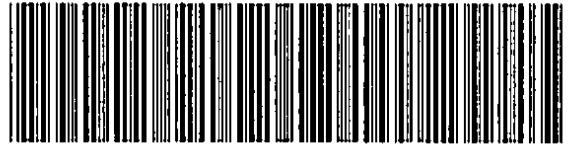
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

DEC 03 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLUSH FITNESS 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:

MICHAEL ANGELO SCHIAVONE

(Contact Person)

(Firm/Company)

90 SW 3RD ST APT 4408

(Address)

MIAMI, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL ANGELO SCHIAVONE

(Name of Contact Person)

215 595-4306
at ()

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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SECRETARY OF STATE
TALLAHASSEE, FL

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 Department
of State is: PLUSH FITNESS LLC
2. The Florida document/registration number assigned to this limited liability company is:
L20000115935
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9 NOV 2021
4. I, Michael Angelo Schiavone, hereby withdraw/resign as a
(Print Name of Person Resigning)
Authorized Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Michael Schwartz

Signature of Dissociating Member or Resigning Manager

Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)