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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2021 JAH - 7 PH 2: 22 SECRETARY OF STATE

2/13/21

COVER LETTER

TO:	_	stration Section		
	Divis	sion of Corporations		
SUBJ	JECT:	Sweat It Out LLC		
		(Name of	Limited Liability Co	ompany)
The e	nclose	d member, resignation or dis	sociation and fee(s) are submitted for filing.
Please	e returi	n all correspondence concern	ing this matter to	:
Joshua	ı Aaron	Evans		
	•	(Contact Person)		_
Sweat	It Out I	1.C		
-		(Firm/Company)		-
1395 1	Brickell	Ave Suite 800		
		(Address)		_
Miami	i, FL 33	131		
		(City/State and Zip Code)		
For fu	arther i	nformation concerning this i	natter, please call	:
Joshua	ı A Evai	ns	315 at (767 - 4913
	۷)	Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclo	sed ple	ease find a check made payal	ble to the Florida	Department of State for:
\$ 2	5 Filin	g Fee	□ \$55 Filir	ng Fee & Certified Copy
		ng Address:		Street Address:
		stration Section		Registration Section
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		ihassee, FL 32314		2415 N. Monroe Street, Suite 819
		The second secon		Tallahassee, FL 32303





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

(Pursuant to 605.0216, Florida Statutes)

		as it appears on the records of the Florida Department
2. The Florida doc 1.20000176922	cument/registration number	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/r	esigned or will withdraw/resign is:
4. I, Josh (Print Authorized Perso	Name of Person Resigning)	, hereby withdraw/resign as a
	(Print Title)	
of this limited li resignation in w		the limited liability company has been notified of my
Jo.	shua Evans Dissociating Member or Res	
Signature of I	Dissociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	