

L20000228402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

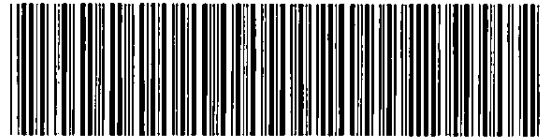
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fit With Cambrie LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 120000228402

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stuart Garlock

Name of Person

Express Corporate Services LLC

Name of Firm/Company

1032 E Brandon Blvd

Address

Brandon, FL 33511

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart Garlock

Name of Person

at (

302

_____) _____
Area Code

202-2929

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

"VOID"

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Virtual Post Solutions INC

hereby resigns as

Name of Registered Agent

Registered Agent for Fit With Cambrie LLC

FILED IN

Name of Limited Liability Company

ERROR

L20000228402

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Stuart Garlock

Typed or Printed Name

Authorized Signatory

Capacity

202 APR -2 PM 12:01

FILED

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314