

121000075407

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COVER LETTER

Division of Corporations	
DOUBLE B FITNESS, LLC SUBJECT:	
(Name of I	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
TRICINA BROWN	
(Contact Person)	
(Firm/Company)	
801 74TH AVENUE NORTH	
(Address)	
ST PETERSBURG FL 33702	
(City/State and Zip Code)	4****
For further information concerning this m	natter, please call:
TRICINA BROWN	727 452-6087 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida Department of State for:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

CR2E079 (2/14)



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 company a BLE B FITNESS, LLC	s it appears on the records of the Flor	ida Department
2. The Florida docu L21000075609	ument/registration number a	assigned to this limited liability compa	nny is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: $\frac{08/3}{2}$	31/2024
4. I, TRICINA BROV	VN	, hereby withdraw/resign as a	
(Print N MANAGER	lume of Person Resigning)		
<u> </u>	(Print Title)		
of this limited lia resignation in wr		he limited liability company has been	notified of my
Aricina	Brown		
Signature of Di	ssociating Member or Resig	gning Manager	
			2024
_	\$25.00 (Required) \$30.00 (Optional)		2024 7.13 1.3
			<u> </u>
			.c-