

121 000249030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

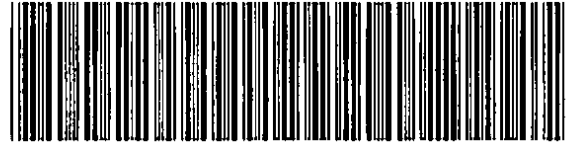
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RCG HEALTH & FITNESS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000249030

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:

Eric Robinson

Name of Person

RCG HEALTH & FITNESS LLC

Name of Firm/Company

225 West Seminole Blvd Suite 103

Address

Sanford, FL 32772

City/State and Zip Code

robinsoneric73@hotmail.com

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

For further information concerning this matter, please call:

Eric Robinson

Name of Person

at ( 863 ) 661 7308  
Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



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: RCG HEALTH & FITNESS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000249030

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/31/2022

4. I, GRAHAM, PAUL A, JR, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

OWNER/MANAGER/PARTNER

*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

