

L21000451552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

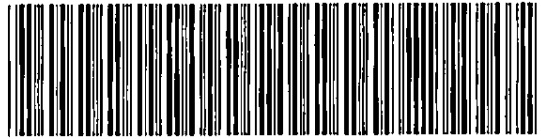
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLAZA CLUB 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:

LILLIAN CARLISLE  
\_\_\_\_\_  
(Contact Person)

PLAZA CLUB FITNESS, LLC  
\_\_\_\_\_  
(Firm/Company)

711 5TH AVE S, STE 200  
\_\_\_\_\_  
(Address)

NAPLES, FL 34102  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LILLIAN CARLISLE                      239                      560-2200  
\_\_\_\_\_  
(Name of Contact Person)                      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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2023 FEB 14 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: PLAZA CLUB FITNESS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000451552

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/9/2023

4. I, SILVANA RIBEIRO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(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)