L22000087638

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TO: **Registration Section** Division of Corporations

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GYM DESIGN CONCIERGE LLC SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER:

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:

Joseph A. Yolofsky, Esq.

Name of Person

Yolofsky Law, P.A.

Name of Firm/Company

100 SE 3rd Ave., Ste 1000

Address

Fort Lauderdale, Florida 33394

City/State and Zip Code

ajy@yolofskylaw.com

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

For further information concerning this matter, please call:



liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawnlimited 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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Yolofsky Law, P.A.

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. _____ · ___ · _ · _ · _

Name of Registered Agent

Registered Agent for ______GYM DESIGN CONCIERGE LLC

Name of Limited Liability Company

L22000087638

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.



If signing on behalf of an entity:

A. J. Yo	lofsky			
Typed or F	rinted Name		20;	
Managing Sl	nareholder	20	2023 MA	13 240
Сарас	ity		HAY -	f.
			<u> </u>]
FILING FEES:		(РĦ	
\$ 85.00 Activ \$ 25.00 Admi with	e limited liability company inistratively dissolved/ voluntaril drawn limited liability company	y dissolved/	I: 50	Ś

____, hereby resigns as

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

INHS17 (2/14)