122000120594

(Ri	equestor's Name)
(Ád	ddress)
(Ād	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



400416753374

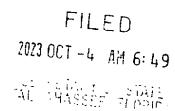
10/04/23--01009--014 ++25.00

2023 OCT -4 AM 6: 49

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: UP & RUNNING, LLC		
(Name of L	imited Liability C	(ompany)
The enclosed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to	o:
OWEN OKEEFE		·
(Contact Person)		_
(Firm/Company)		
10090 COUNTY RD 13 N		
(Address)		_
ST AUGUSTINE, FL 32092		
(City/State and Zip Code)		
For further information concerning this ma	atter, please cal	1:
STEPHEN J SMITH	904 at (616-6077
(Name of Contact Person)	 \ 	de & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Fili	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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)

	limited liability company as it appears on the records of the Florida Departmen RUNNING, LLC
2. The Florida doc 1.22000120594	ument/registration number assigned to this limited liability company is:
AATAAUNA 1 U.	ember/manager withdrew/resigned or will withdraw/resign is: 9 35 33 ARNEY, hereby withdraw/resign as a same of Person Resigning)
P	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Ornanda Signature of D	issociating Member of Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)