L23000033957



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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: FAB 5 FITNESS, LLC	
	nme of Limited Liability Company)
The enclosed member, resignation of	or dissociation and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to:
DAVID A. NETBURN, ESQUIRE	
(Contact Person)	
ROLNICK & NETBURN	
(Firm/Company)	
5521 N. University Drive, Ste. 204	
(Address)	
(7443.033)	
Coral Springs	
(City/State and Zip C	(ode)
	The second second
For further information concerning	this matter, please call:
David A. Netburn	, 051 346 5001
	at (954) 346-5001 (Area Code & Davtime Telephone Number)
(Name of Contact Person)	(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:	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

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)

	•	s it appears on the records of t	he Florida Department
of State is: FAB	J P I I NESS, ELC		·
2. The Florida doc	ument/registration number a	ssigned to this limited liability	y company is:
1.23000033957			
3. The date this mo	ember/manager withdrew/re	signed or will withdraw/resign	ı is:
4. I, HENRY WILSON TATE, III, hereby withdraw/resign as a		n as a	
(Print 1	Name of Person Resigning)		
Authorized Mem	her		
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company ha	as been notified of my
Herosta	6 M	.	
Signature of D	issociating Member or Resig	ming Manager	
_	\$25.00 (Required) \$30.00 (Optional)		2021 COT - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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