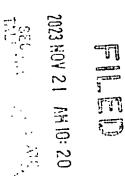
## L23000258749

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Basament Admissi)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
[ (MI)
Office Use Only



500419223165

11/21/23--01016--015 \*\*25.00



## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Pilates by Design	
(Name o	of Limited Liability Company)
The enclosed member, resignation or di	issociation and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
Alicia Bibeau	
(Contact Person)	
Pilates by Design	
(Firm/Company)	
4508 Doris Drive	
(Address)	
New Smyrna Beach, FL 32169	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this	matter, please call:
Alicia Bibeau	at (904 ) 207-0279
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	able 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 P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, 1 D 223 17	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)

1. The name of the	limited liability company	y as it app	ears on the re-	cords of the	e Florida	a Depar	tment
of State is: Piltate	s by Design					<u>.</u> .	
2. The Florida docu	ment/registration numbe	er assigned	I to this limite	d liability	compan	y is:	
L23000258749						2	
3. The date this mer	mber/manager withdrew	/resigned	or will withdr	aw/resign i	s: -11413/	12 AO 链207	- <del></del>
4. I. Deborah McNeel	y		hereby withdi	raw/resign	as a	2	GCCCC H
(Print No Manager	ume of Person Resigning)				٠	MH 10: 20	
(	Print Title)				. * *	: 20	
of this limited liab resignation in wri	oility company and affirm ting.	m the limit	ed liability co	ompany has	s been n		of my
(skulthi) ]	ul S		22000	_			
Signature of Di	ssociating Member or Re	esigning N	lanager				
Filing Fee:	\$25.00 (Required)						
Certified Copy:	\$30.00 (Optional)						