## LAHOOISOOLA

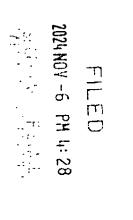
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: $J. HORNE$ $DEC-5 2024$

Office Use Only



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## **COVER LETTER**

TO:		stration Section sion of Corporations		
SUBJ	ECT:	Champions Lifestyle LLC	ted Liability Com	npany)
The e	nclosed	d member, resignation or dissocia	ntion and fee(s	) are submitted for filing.
Please	e returr	all correspondence concerning t	his matter to:	
Greg l	H Britt			
-		(Contact Person)		-
CHA	MPIONS	S LIFESTYLE LLC		
		(Firm/Company)		-
7223	SE 1728	ND HAZELWOOD LOOP		
		(Address)		-
The V	/illages,	F1.32162		
		(City/State and Zip Code)		_
For fi	urther i	nformation concerning this matte	er, please call:	
Augu	ist J Hub	bard	502 at (	648-9066
<del></del>	(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	osed pl 25 Filin	ease find a check made payable t ng Fee	o the Florida I □ \$55 Filing	Department of State for: g Fee & Certified Copy
	Reg Divi P.O.	ing Address: istration Section ision of Corporations Box 6327 ahassee, 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

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		as it appears on the records of the Florida Department
2. The Florida docu	ument/registration number	r assigned to this limited liability company is:
1.24000180069		
3. The date this me		resigned or will withdraw/resign is:
Tammy L Hubba	ard	, hereby withdraw/resign as a
(Print N	Vame of Person Resigning)	<u> </u>
MGR		
	(Print Title)	.·
of this limited lia resignation in wr		the limited liability company has been notified of my
Janny	& Hubbard issociating Member or Re	·
Signature of D	issociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	