

M15000007880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

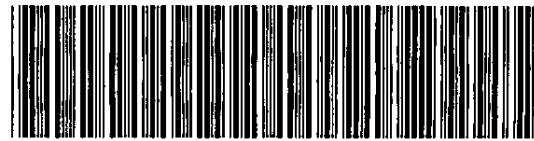
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 OCT -3 A 10:08

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 04 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lifetime Fat Loss Centers of Brandon LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leesa Polley

(Name of Person)

Lifetime Fat Loss Centers of Brandon LLC

(Firm/Company)

166 E. Bloomingdale Ave. Ste. B

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Leesa Polley

(Name of Person)

at (850) 591-1414
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

STATE OF FLORIDA
TALLAHASSEE, FL 32301

2016 OCT -3 A 10:08

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lifetime Fat Loss Centers of Brandon LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

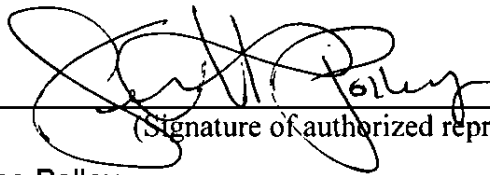
10/1/15

(Date registered with Florida Department of State)

M15000007880

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Leesa Polley

(Typed or printed name of signee)

Filing Fee: \$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2015 OCT -3 A 10:08

FILED