

M21000005340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

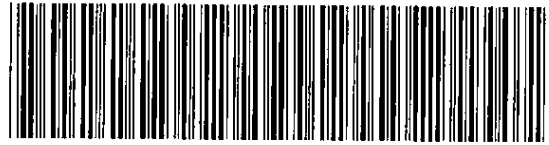
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 OCT 19 PM 12:40

RECEIVED  
2023 OCT 19 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. HUNT  
10/19/23

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 062253 8323810

AUTHORIZATION :

COST LIMIT : \$ 25-00



ORDER DATE : October 11, 2023

ORDER TIME : 2:12 PM

ORDER NO. : 062253-020

CUSTOMER NO: 8323810

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DIVISION OF CORPORATIONS  
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CHANGE OF AGENT

NAME: FIT JEFF, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_



# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Fit Jeff, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M21000005340

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Eyliena Baker*  
Assistant Vice President

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

BY EYLIENA BAKER

\_\_\_\_\_  
Typed or Printed Name

VICE PRESIDENT

\_\_\_\_\_  
Capacity

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### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314