

LD9000041357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

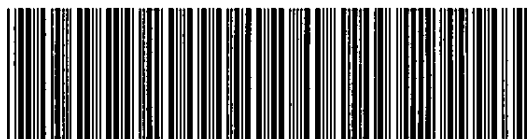
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

LD9-41357



900159263649

08/10/09--01006--019 **25.00

2009 AUG 10 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

AUG 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bar Fitness LLC.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert W. Hendrickson, III, Esq.
(Contact Person)

Robert W. Hendrickson, III, P.A.
(Firm/Company)

7051 Manatee Avenue West
(Address)

Bradenton, FL 34209-2256
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert W. Hendrickson, III at (941) 795-0500
(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

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

FILED
2009 AUG 10 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Bar Fitness LLC.

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L09000041357

4. I, Rick Bisio, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2009 AUG 10 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA