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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : Ala REGISTERED ACENT INC. Account Number : I20090000032 Phone : (561)792-2236 Fax Number : (561)202-8082 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

## LLC REGISTERED AGENT RESIGNATION ATC FITNESS PORT CHARLOTTE LLC

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

Pursuant to the provisions of section 605.	0115. Florida Statutes, the u	Indersigned
SUPERBIZ REGISTERED AGENT, INC.		
		, hereby resigns as
Registered Agent for ATC FITNESS F	PORT CHARLOTTE LL	_C
Name of	Limited Liability Company	
The training of the training o	Onlinea Claiming Company	
L14000133881		
Document Number, if known	<del></del>	
A copy of this resignation was mailed to $t$	he above listed limited liabi	lity company at its last known address.
		after the date on which this statement is filed
If signing on behalf of an entity:		
TINA MAKI		20
DP	Typed or Printed Name	
	Capacity	

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)