

P080000097500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

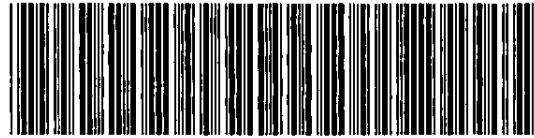
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100238768231

08/30/12--01007--021 **70.00

*Resignation
to Officer*

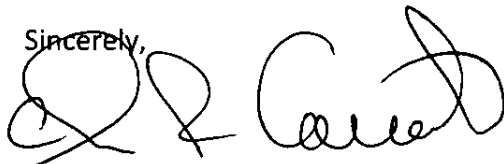
FILED
2012 AUG 30 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*1002
8/31/12*

Dear Florida Department of State
Amendment Section

Enclosed you will find a check for \$70.00 which covers the cost of Officer Resignation for Access
Fitness Holdings, Inc and 123 Fit Holdings, Inc. for Charles R. Cavuoto

Sincerely,

A handwritten signature in black ink, appearing to read 'C.R. Cavuoto', written over a horizontal line.

Charles R. Cavuoto

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCESS FITNESS HOLDINGS, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000097500

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES R. CAVUOTO

(Name of Person)

BIZFRAN, INC.

(Name of Firm/Company)

7171 NW TURTLE WALK

(Address)

BOCA RATON, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES R. CAVUOTO at (561) 350-0301
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

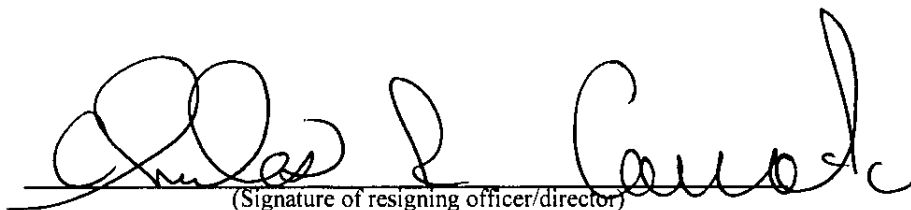
**FILED
2012 AUG 30 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, CAVUOTO, CHARLES R, hereby resign as PRESIDENT
(Title)

of ACCESS FITNESS HOLDINGS, INC
(Name of Corporation)

P08000097500, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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