

P98000003511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

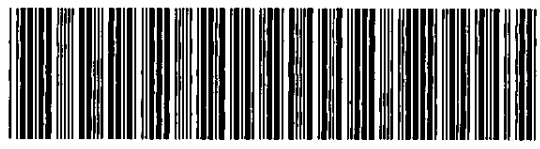
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11-1908



300137915923

11/17/08--01032--012 **35.00

off pay
68

SECRETARY OF STATE
TREASURER

2008 NOV 17 PM 12:06

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Flip City Gymnastics, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000003511

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

Please return all correspondence concerning this matter to the following:

Marcy Martine
(Name of Person)

(Name of Firm/Company)

1490 Fairview Cir
(Address)

Reunion, FL 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

Marcy Martine at (561) 252-6748
(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

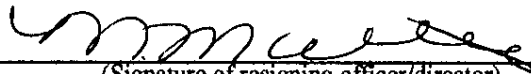
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Marcy Martine, hereby resign as President
(Title)

of Flip City Gymnastics, Inc.
(Name of Corporation)

P98000003511, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILED
NOV 17 PM 12:06
DEPARTMENT OF STATE
TALLAHASSEE, FL

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