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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: FOREVER FITNESS, INC.	
	lame of Corporation)
DOCUMENT NUMBER: F03000005409	
The enclosed withdrawal application and fee	are submitted for filing.
Please return all correspondence concerning this matter to the following:	is
WILLIAM D. VON OHLEN	
1)	Name of Person)
·	
(I	Firm/Company)
715 WHISPER WOODS DR.	
	(Address)
LAKELAND, FL 33813	
(City/	(State and Zip code)
For further information concerning this matter,	please call:
WILLIAM D. VON OHLEN	at (863) 868-9686
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

FOREVER FITNESS, INC.	
(Name of Corporation)	
F03000005409	O7
(Document Number of Corporation (if	AUG 27 I
ILLINOIS	
(Incorporated Under Laws of) This corporation is no longer transacting business or conducting affa	FLORITATION OF FLORIDA
voluntarily surrenders its authority to transact business or conduct affa	airs in Florida.
This corporation revokes the authority of its registered agent in Fl appoints the Department of State as its agent for service of process batime it was authorized to transact business or conduct affairs in Florid	sed on a cause of action arising during the
The following is a current mailing address for the corporation:	
715 WHISPER WOODS DR.	
(Mailing Address)	
LAKELAND, FL 33813	·
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future William & Von Ohlen	of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) WILLIAM D. VON OHLEN	(Date) VICE-PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35