F17000002795

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

COV	'ER LETTER
TO: Amendment Section	ER LETTER
Division of Corporations	
SUBJECT: Fitness Supply, Inc.	ame of Corporation)
	nme of Corporation)
DOCUMENT NUMBER: F17000002	795
The enclosed withdrawal application and fee a	re submitted for filing.
Please return all correspondence concerning this matter to the following:	
James Sullivan	
(N	ame of Person)
Fitness Supply, Inc.	
(F	irm/Company)
65 Green Street	
	(Address)
Foxborough, MA 0203	5
(City/S	State and Zip code)
For further information concerning this matter, p	please call:
James Sullivan	_{at (} 508)543-2073
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
Certificate of Status C	43.75 Filing Fee & ✓ \$52.50 Filing Fee, ertified Copy Certificate of Status & Certified Copy (Additional copy is Enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 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

(Name of Corporation)

Fitness Supply, Inc.

F17000002795	ZONE SEE
(Document Number of Corporation	n (if known)
Massachusetts	SSEE T P
(Incorporated Under Laws	FLORITE ORITE
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduc	-
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procuping it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
65 Green Street	
(Mailing Address)	
Foxborough, MA 02035	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	iture of any change in its mailing address.
	12/13/2018
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
James R. Sullivan	President
(Typed or printed name of person signing)	(Title of person signing)