

LO2 0000 32390

(Requestor's Name)

**HCA**

The Healthcare Company.  
PHYSICIAN SERVICES

967 Tamarind Circle  
Rockledge, FL  
32956

(City/State/Zip)

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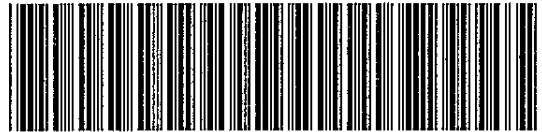
(Business Entity Name)

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LO2-32390  
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**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Dream Giver Investments LLC, hereby resign as Managing member  
(Title)  
of Mark Three Fitness Centers LLC (Florida Corp)  
(Limited Liability Company)  
a limited liability company organized under the laws of the State of FLORIDA,  
and affirm that the limited liability company has been notified in writing of the resignation.

Mark A. Flatt  
\* DGI, LLC by Mark Flatt, Member  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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