

L03000042627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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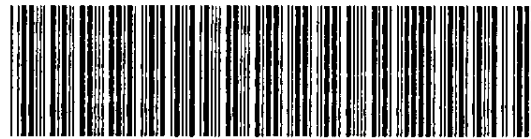
(Business Entity Name)

(Document Number)

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FILED  
11 MAR 25 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAR 28 2011  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** QUAD FITNESS, LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000042627

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID G. DRESLIN  
Name of Person

DRESLIN FINANCIAL SERVICES, INC.  
Name of Firm/Company

7985 113TH STREET, SUITE 220  
Address

SEMINOLE, FLORIDA 33772  
City/State and Zip Code

DRESLINFINANCIAL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID G. DRESLIN at ( 727 ) 393-7439  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
11 MAR 25 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

DRESLIN FINANCIAL SERVICE, INC., hereby resigns as

Name of Registered Agent

Registered Agent for QUAD FITNESS, LLC

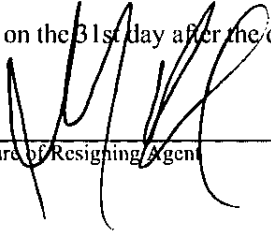
Name of Limited Liability Company

LO3000042627

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

DAVID G. DRESLIN

Typed or Printed Name

PRESIDENT

Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILED**  
11 MAR 25 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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