L0400056961

(R	equestor's Name)
(Ad	ddress)
(Ad	ddress)
. (0	ity/State/Zip/Phone #)
, PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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OF FIR - 7 PM 1: 00

3. MHYM1 FEB - 8 2007

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pro- Fit Group, LLC (Name of Limited Lia	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Jami Jones	ø
(Contact Person)	
Pro-Fit Group LLC	- B33
(Firm/Company)	
3445 N. Hatus Rd	······································
Sunrise 7L 33351 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, plea	ase call:
Ta mi Jones at (A) (Name of Contact Person) (A)	754 358-1/70 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	. unioniosopy i northur said i

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

I. The name of the of State is:	limited liability company as Pro - Fit Group, Li	it appears on the records	of the Florida De	partment
	ility company was organized Jorida	under the laws of:		DIVISION OF CC
	ument/registration number of	this limited liability com	pany is:	PH PH
<u>L04</u>	000056961	·		PH 1:00
4.1, <u>bina</u>	M. Fenback	, hereby resign as a	MERM	
(Print N	ame of Person Resigning)		(Print Title)	
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability compan	y has been notifie	d of my:
Signature of Resi	igning Member, Managing M	lember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
Condition CODY.	ψυνινν (Φρανικα)			