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(Re	equestor's Name)			
(Ar	ddress)			
(//				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

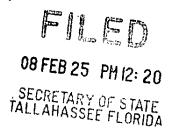
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pro - Fit Grove (Name of Li	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
Frank Grieco (Contact Person)	
(Contact Person)	
Pro- Fit Group, LLC	
3445 N. Hatus Rd (Address)	
Sunnise 72 33 (City/State and Zip Code)	3351
For further information concerning this ma	tter, please call:
	at (
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the loof State is:	limited liability company as it		of the Florida Department
2. This limited liabi	lity company was organized u	under the laws of:	
1	ment/registration number of t		•
•		, hereby resign as a _	
of this limited liab resignation in write	ility company and affirm the ting.	limited liability compan	y has been notified of my
Signature of Resignature	gning Member, Managing Me	mber or Manager	
	\$25.00 (Required) \$30.00 (Optional)		