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DEAN MEAD ORL 2008

Division of Corporations

001

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Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH,
Account Number : 076077001702
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REGISTERED AGENT RESIGNATION

THRIVE FITNESS, LLC

Certificate of Status	0
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DEAN MEAD ORLANDO

002

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**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,

Dean Mead Services, LLC

, hereby resigns as

(Name of Registered Agent)

Registered Agent for **Thrive Fitness, LLC**

(Name of Limited Liability Company)

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(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:

Dean Mead Services, LLC, By: Alan H. Daniels

(Typed or Printed Name)

Vice President

(Capacity)

FILING FEES:

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (08/05)

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