

LD0000102364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

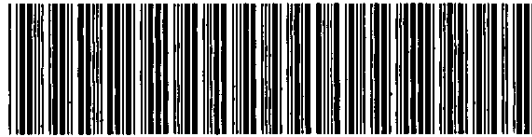
Special Instructions to Filing Officer:

L. SELLERS

JUL 28 2008

EXAMINER

Office Use Only



700133331697

07/25/08--01009--005 **25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 JUL 25 AM 10:27

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADA'S FITNESS CENTERS, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

EDWARD BONADIES
(Contact Person)

ADA'S FITNESS CENTERS, LLC
(Firm/Company)

1242 SW PINE ISLAND ROAD
(Address)

CAPE CORAL, FL 33991
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD BONADIES at (239) 242-2348
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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 limited liability company as it appears on the records of the Florida Department of State is: ADA'S FITNESS CENTERS, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L06000102364

4. I, 3F MANAGEMENT, LLC BY DERIK FAY, MANAGER, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
08 JUL 25 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA