

L060000106470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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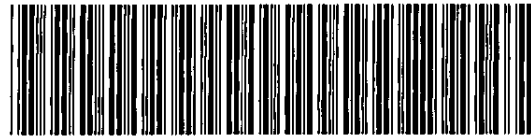
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 6 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRO PERFORMANCE SPORTS SCIENCE ACADEMY, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000094172

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:

Jillian Marschke  
Name of Person

Business Filings Incorporated  
Name of Firm/Company

8040 Excelsior Drive, Suite 200  
Address

Madison, WI 53717  
City/State and Zip Code

agent@bizfilings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jillian Marschke at ( 800 ) 981-7183  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 SEP - 2 PM 3:47  
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,

BUSINESS FILINGS INCORPORATED

Name of Registered Agent

, hereby resigns as

Registered Agent for PRO PERFORMANCE SPORTS SCIENCE ACADEMY, LLC

Name of Limited Liability Company

L06000106470

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:

Jillian Marschke

Typed or Printed Name

Asst. Secretary of Business Filings Inc.

Capacity

**FILED**  
**SEP -2 PM 3:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## **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**