(Requestor's Name)				
(Address)				
(Address)				
, ,				
	(City/Sta	ite/Zip/Phone	#)	
<u></u>			<u></u>	
PICK-UF	· [WAIT	MAIL	
(Business Entity Name)				
(Document Number)				
Certified Copies		Certificates	of Status	

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	CT: Matchfitt LLC		
	(Name of Limited	Liability Con	npany)
The enc filing.	losed member, managing member or ma	mager resig	nation and fee(s) are submitted for
Please re	eturn all correspondence concerning this	s matter to:	
Jonat	han McClay		_
	(Contact Porson)		
Match	fitt LLC		_
·	(Firm/Company)		
741 C	Coachlight Drive		
	(Address)		
Fern F	Park FL 32730		
	(City/State and Zip Code)	·····	-
For furti	her information concerning this matter, p	please call:	
Jonati	han McClay	407	<u>) 242 4705</u>
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclose	d please find a check made payable to th		Department of State for: 155 Filing Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
-	ntion Section of Corporations		Registration Section Division of Corporations
	Building		P.O. Box 6327
2661 Ex	recutive Center Circle ssee, 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 of State is: Ma		it appears on the records of the Florida Department
2. This limited fial Florida	pility company was organized	under the laws of:
3. The Florida doc L0700000		this limited liability company is:
4. I, Jenny Wilson (Print Name of Person Resigning)		, hereby resign as a Managing Member
of this limited lia resignation in wr	· -	e limited liability company has been notified of my
) Mc	Dilson	
Signature of Res	igning Member, Managing M	lember or Manager
	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)

2009 JUN 20 PH 1:37
SECRETARY OF STATE