

LD7000072920

A. PISANTI  
111 N. POMPANO BEACH BLVD #PH5  
POMPANO BEACH, FL 33062

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

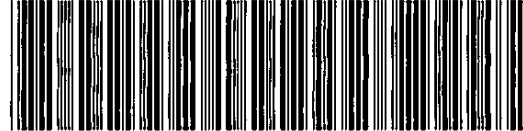
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. Hampton FEB 04 2008

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BODY 1, 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:

Angela Pisanti  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

111 N. Pompano Beach Blvd #PH5  
(Address)

Pompano Beach, FL 33062  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Pisanti at (954) 829-2658  
(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

RECEIVED

08 FEB -1 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 25, 2008

A PISANTI  
111 N POMPANO BEACH BLVD  
# PH5  
POMPANO BEACH, FL 33062

SUBJECT: BODY 1, LLC  
Ref. Number: L07000072920

We have received your document for BODY 1, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 908A00005489



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: BODY 1, LLC

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

FLORIDA, BROWARD COUNTY

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

L07000072920

4. I, Angela Pisanti, hereby resign as a MANAGER  
(Print Name of Person Resigning) (Print Title)

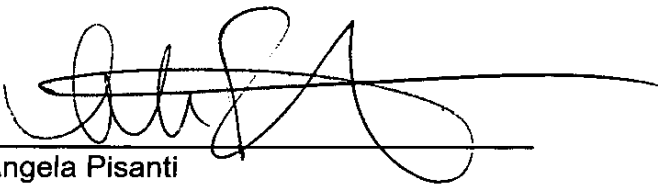
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

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

**RESIGNATION OF MANAGER  
FOR A LIMITED LIABILITY COMPANY**

I, Angela Pisanti, hereby resign as manager of BODY 1, L.L.C., a limited liability company organized under the laws of the State of Florida, and affirm that the limited liability company has been notified in writing of the resignation.



Angela Pisanti

Date: January 21, 2008

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