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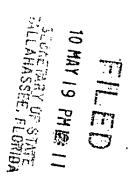
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D. BRUCE MAY 2 0 2010

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: CHIROPRACTIC FITNESS CENT (Name of Limited Liability Con	· · · · · · · · · · · · · · · · · · ·
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
AMY BERNSTEIN DC	
(Contact Person)	-
DR AMY BERNSTEIN	
(Firm/Company)	
9823 TAPESTRY PARK CIRCLE #112	TO MAY 19 PM
(Address)	AY 19 PH
JACKSONVILLE.FL 32246	
(City/State and Zip Code)	
For further information concerning this matter, please call:	D . 1
AMY BERNSTEIN at (954	547-8120
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$35	Department of State for: S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Turidiassee, Florida 32317

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 limited liability companion of State is: Florida	y as it appears on the records of the Florida Department
2. This limited liability company was organ CHIROPRACTIC FITNESS (
3. The Florida document/registration numb	er of this limited liability company is:
_{4. I,} Amy Bernstein DC	, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirmed resignation in writing. Signature of Resigning Member, Managi	m the limited liability company has been notified of my ng Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	TO MA