## L07000105655

(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:						





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SECREDANY OF STATE

B. BOSTICK

JAN 11 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ME Fitnes  (Name of Limited L	SLLC.	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
Juli Am Brocky (Contact Person)		
(Firm/Company)		
3301 NE 1St Avenue, #	H-2115 LAHASSI	-
Miami, FL 3313 (City/State and Zip Code)	AHIO: 39	incon Trave
For further information concerning this matter, pl	T-St	
Tuli Any Brodsky at ( (Name of Contact Person)	305) 527 - 0886 Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$\int_{\begin{subarray}{c} \text{\$55 Filing Fee & } \\ \text{Certified Copy} \end{subarray}	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 th	e Florid	a Depa	rtment
of State is:	ME + Hness	5 LLC			•
2. This limited liab	oility company was organized	d under the laws of:	SEURCIAKT I TALLAHASSEE	11 JAN 10 J	
3. The Florida doc	ument/registration number of	f this limited liability company	JF STATE FLORIDA	AM 10: 39	
4. I, (Print N	Name of Person Resigning	, hereby resign as a M	ÀVYAÎ (Prind)	Title)	Member
of this limited lia resignation in wi		ne limited liability company ha	s been n	otified	of my
Signature of Res	igning Member, Managing K	Member or Manager			
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)