

L080000/0758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

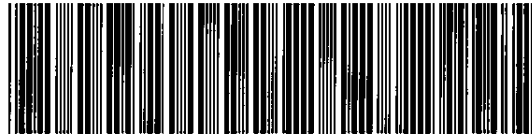
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

15

Office Use Only



300156007343

05/15/09--01035--017 **110.00

FILED
09 MAY 15 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
News
5-22-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fitness + Fiscal Prosperity, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: LO8000010758

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:

James Payne
(Name of Person)

Fitness + Fiscal Prosperity
(Name of Firm/Company)

4615 Cronin Drive
(Address)

Sarasota, FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

James Payne at (941) 321-6433
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED
09 MAY 15 PM 12:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Brenda Eilers

(Name of Registered Agent)

Registered Agent for

Fitness & Fiscal Prosperity, LLC

(Name of Limited Liability Company)

208 000010758

(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.

Brenda Eilers

(Signature of Resigning Agent)

If signing on behalf of an entity:

Brenda Eilers

(Typed or Printed Name)

Registered Agent

(Capacity)

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