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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : A1A REGISTERED AGENT INC.
Account Number : 12009000032
Phone : (561) 792-2236
Fax Number : (561) 202-8082

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
ATC FITNESS CAPE CORAL, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

2019 OCT -1 PM 12:15

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SUPERBIZ REGISTERED AGENT, INC.

Name of Registered Agent

hereby resigns as

Registered Agent for **ATC FITNESS CAPE CORAL, LLC**

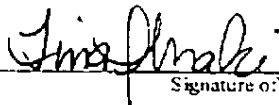
Name of Limited Liability Company

L08000115457

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.



Signature of Resigning Agent

If signing on behalf of an entity:

TINA MAKI

Typed or Printed Name

DP

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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

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