L09000007593

(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: A. LUNT
JUN -9 2010
EXAMINER

Office Use Only



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06/07/10--01024--002 **25.00

BEDATIVATY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Total Body Wellness Central (Name of Limited Liability)	to of Miami Lakes, UL
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter	ю:
Rashida Blags (Contact(Person)	
Total Body Wellness Center of Min	mi Lakes, LC PM2:5
19624 NW Bod Place (Address)	PM 12: 51
MINM, \$1 33015 (City/State and Zip Code)	
For further information concerning this matter, please ca	11:
(Name of Contact Person) at (305)	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	a Department of State for: \$55 Filing Fee &
\$25 Filing Fee	Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
2001 Excounte Center Choic	rananassee, rionna 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

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	limited liability company as i) Pepartmen	t
of State is: 100	<u>I Body Wellness G</u>	enter of MIAMI L	akes U	<u> </u>	
	1			201	
2. This limited liab	ility company was organized	under the laws of:		2010 JUN -7	
Floric	la	*) (2)		
				-1.	
3. The Florida docu	ment/registration number of	this limited liability com	pany is:		
<u>L09000</u>	0107593	·		PH I2: 56	
4. I, <u>Carol</u> N.	Biggs	, hereby resign as a _	MGR-		GET
	ame of Re) o n Resigning) Dility company and affirm the		,		
resignation in wri		miniou nuomity compani	y mas seem moun		
Signature of Resi	N. Byj gning Member, Managing M	ember or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				