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K. SALY EXAMINER NOV - 8 2012

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Total Body Wellness Center of Miami Lakes, Inc.

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rashida Biggs (Contact Person)			
(Firm/Company)	-		
19680 NW 82nd Court			
(Address)	_		
Miami, Fl 33015			
(City/State and Zip Code)	_		

For further information concerning this matter, please call:

Rashida Biggs
(Name of Contact Person)

at (305) 218-4529
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
\$25 Filing Fee \$
Certified Copy

STREET/COURIER ADDRESS:

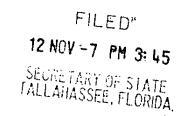
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	he limited liability company as i otal Body Wellness Cente	t appears on the records of the Florida Department r of Miami Lakes, LLC
2. This limited li Florida	iability company was organized	under the laws of:
3. The Florida d	_	his limited liability company is:
4. I, Rashida	Biggs at Name of Person Resigning)	, hereby resign as a MORM (Print Title)
•	liability company and affirm the	limited liability company has been notified of my
Signature of R	esigning Member, Managing Mo	ember or Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)