L10000054540

(Re	questor's Name)	
(Ad	dress)	
, (Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE

D. BRUCE FEB 07 2011 EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations			
SUBJECT: ALL MIGHTY GYM, LLC (Name of Limited Liability Con	opany)		
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted f	or	
Please return all correspondence concerning this matter to:			
CHRIS RUPPE (Contact Person)			
(Contact Person)	-		
ALL MIGHTY GYM (Firm/Company)	_		
(Firm/Company)	$\mathbf{\bar{z}}_{\sigma}$.		
8411 BALM ST. (Address)	- LAH		7
	TAR ASS	<u>-</u>	
Spring Hill, FL 34607 (City/State and Zip Code)	CRETARY OF STATE	2	<u></u>
(City/State and Zip Code)	LOR S	**.	U
For further information concerning this matter, please call:	DA DA	5.	
CHRIS RUPPE at (352 (Name of Contact Person) (Area Code	684-2323		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida D	Department of State for:		
\$25 Filing Fee	S55 Filing Fee &		
×2	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Registration Section			
vision of Corporations Division of Corporations			
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap	•	orida Department
_	lity company was organized und	er the laws of:	11 FEB -4 SECRETARY TALLAHASSE
3. The Florida docu	ment/registration number of this 56 5 40	limited liability company is:	F STATE F FLORHOA
4. I, Brian (Print No.	Januar ume of Person Resigning)	, hereby resign as a Manasir	NG MEMBIR rint Title)
of this limited liab resignation in wri	oility company and affirm the lim	ited liability company has bee	en notified of my
Signature of Resi	Dan Member, Managing Memb	er or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		