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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Changes in Motion 301 (Name of Limited Liability Com	utique Fit Spa
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted fo
Please return all correspondence concerning this matter to:	
Dan ArmstronG (Contact Person)	
Law Offices of Dan Hamistre (Firm/Company)	on6
PD Box 1535 (Address)	
Ponte Vedra Beach, FL 3 (City/State and Zip Code)	2004
For further information concerning this matter, please call:	
Name of Contact Person) at (904) (Area Code of	2800058 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D  \$25 \text{ Filing Fee}\$	epartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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

	imited liability company Changes			-		
2. This limited liabil	lity company was organi	zed under the laws	of:			
	ment/registration numbe	r of this limited lia	bility compan	y is:		
,	me of Person Resigning) ility company and affirming.			7.		nber iy
Signature of Resig	gning Member, Managin	g Member or Mana	 iger			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			SERELLANDSSEE, PHORN	12 APR 26 AM II: 1	