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(City/State/Zip/Phone #)					
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C. LEWIS

JUN 18 ANINER

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: KIDS FITNESS PALACE (Name of Limited Liabi	LLC ility Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	tter to:
MARION BAILEY (Contact Person)	
KIOS FITNESS PALACE LLC (Firm/Company)	
8861 SW 132ND ST (Address)	
MIMI FL 3317U (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
MARIEN BAILEY at (3 (Name of Contact Person) (Are	270 - 1333 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Fee \$25 Filing Fee	orida Department of State for: \$55 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



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability compa		ars on the records of	the Florida Department
2. This limited liab	ility company was orga		he laws of:	
	nment/registration num		nited liability compa	ny is:
4. I, <u>Marisol</u> (Print N	Marrero ame of Person Resigning)	, he	ereby resign as a	MGRM (Print Title)
of this limited lial resignation in wri	oility company and aff			has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			