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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(CII	ly/State/Zip/Piloni	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
	•					
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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COVER LETTER

CR2E079 (5/06)

TO:	_	stration Section ion of Corporations				
		First Coast 24 Hour Fit	2000 L1 C			
SUBJ	ECT:	(Name of Limited Liability Company)				
The e		I member, managing member or	manager resig	nation and fee(s) are submitted for		
Please	ereturn	all correspondence concerning	this matter to:			
Ray	mono	d S. Tucker				
		(Contact Person)		_		
Flori	ida Fi	t LLC				
		(Firm/Company)		_		
276	1 Bla	nding Blvd		_		
		(Address)				
Mid	dlebu	rg,Fl 32068				
		(City/State and Zip Code)	· , ·	_		
For fi	urther in	nformation concerning this matte	er, please call:			
Ray	mono	d S Tucker	at (904	, 434-9698		
	(N	ame of Contact Person)		& Daytime Telephone Number)		
Enclo	sed ple	ase find a check made payable t	o the Florida I	Department of State for:		
2	bea pie	\$25 Filing Fee		\$55 Filing Fee &		
			ــــــ	Certified Copy		
STRI	EET/C	OURIER ADDRESS:		MAILING ADDRESS:		
		Section		Registration Section		
_		Corporations		Division of Corporations		
Clifto	n Build	ling		P.O. Box 6327		
		ive Center Circle		Tallahassee, Florida 32314		
Tallal	hassee,	Florida 32301				



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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

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 st Coast 24 hour Fitne	it appears on the records of the sess LLC	he Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doci 	•	this limited liability compan	y is:
4. I, Raymond	S Tucker	, hereby resign as a MC	GRM
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr		e limited liability company ha	as been notified of my
Royal	Scott Sucke		
Signature of Res	gning Member, Managing N	fember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		