(Requestor's Name) (Address) 500235562985 (Address) (City/State/Zip/Phone #) 05/29/12--01038--014 **55.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies _____ Special Instructions to Filing Officer: 12 MAY 29 AH 10: 27 27 \mathbf{M} Office Use Only G. MCLEOD MAY 3 0 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

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ri tian SUBJECT: 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:

SON (Contact Person) >parts HARTISON Street, (Address) WOON

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: <u>RUSH</u> Sports AND NUTRI Fiaw, <u>LLC-</u>.
- 2. This limited liability company was organized under the laws of:

ORIDA

3. The Florida document/registration number of this limited liability company is: L 100009008

ING MEMBER MODOLO, hereby resign as a MANA ANO (Print Name of Person Resigning)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Hesigning Member, Managing Member or Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

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CR2E079 (5/06)