## #1/1000/27016

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Coomics and )                          |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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## **COVER LETTER**

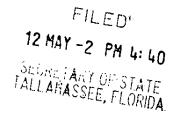
| Division of Corporations   |
|--|
| SUBJECT: Agel Yoga and FITNESS, LLC. (Name of Limited Liability Company)   |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to:  |
| Angeil Saundus<br>(Contact Person)   |
| Angel Yoga AND FITNISS, LCC  |
| 12941 KAPOR LN (Address)   |
| DAVIR, FL 33330 (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Angel Sayndus at (954) 472-2889 (Name of Contact Person) (Area Code & Daytime Telephone Number)  |
| Enclosed please firld a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32314  |

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section





## 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 lial                        | oility company as it a | appears on the records of | of the Florida Department     |
|--|------------------------|---------------------------|-------------------------------|
| of State is: Angl                                      | Yoga and               | FITNESS, L                | <u>′_ C </u>                  |
| 2. This limited liability compa                        | •                      |                           |                               |
| & Florida  | Dept of STAL           | <u>K</u>                  |                               |
| 3. The Florida document/regis                          | tration number of thi  | s limited liability comp  | pany is:                      |
| F11000 13  | 1016                   | <del></del> .             |                               |
| 4. I, TRACY J Sauce (Print Name of Perso               | n Resigning)           | _, hereby resign as a _   | MANGGING MEMBIC (Print Title) |
| of this limited liability comp resignation in writing. | any and affirm the lir | mited liability company   | has been notified of my       |
| Signature of Resigning Men                             | ber, Managing Mem      | ber or Manager            |                               |
| Filing Fee: \$25.00                                    | (Required)             |                           |                               |

Certified Copy:

\$30.00 (Optional)