

L11000136582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

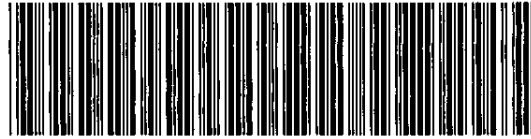
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EXAMINER



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TALLAHASSEE, FLORIDA

WILLIAMS & WILLIAMS
ATTORNEYS AT LAW

JESSE P. WILLIAMS (1925-2006)
L. MILLER WILLIAMS
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WINTER PARK, FL 32789
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www.williamsandwilliamslaw.com

Mailing Address:
Post Office Box 3626
Orlando, FL 32802-3626

November 12, 2012

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

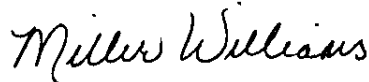
Re: Diversified Fit Sales, LLC
Our File No. 8384-1

Dear Sir/Madam:

Please find enclosed your form Cover Letter and Resignation of Registered Agent for a Limited Liability Company along with our check in the amount of \$25.00 (inactive LLC).

Thank you for your assistance. Please call me if you have any questions.

Sincerely,



Miller Williams
Signed in his absence to prevent delay.

LMW:cjb
Encl.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diversified Fit Sales, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Giannone and Michael Scichilone
Name of Person

Diversified Fit Sales, LLC
Name of Firm/Company

6500 E. Rogers Circle, #8
Address

Boca Raton, FL 33487
City/State and Zip Code

frank@fitnessmith.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miller Williams at (407) 648-4333
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

L. Miller Williams, hereby resigns as
Name of Registered Agent

Registered Agent for Diversified Fit Sales, LLC

Name of Limited Liability Company

L11000136582

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

L. Miller Williams
Typed or Printed Name

Registered Agent
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314