11200047041

(Re	questor's Name)			
(Ad	dress)			
. (Δ.4	dress)			
(Au	uicaaj			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
·	·	·		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



100240222781

10/02/12--01012--026 **25.00

2#12 OCT -2 PH 1:51

T. CLINE
OCT - 3 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
Vibe Fit Club LLC		
SUBJECT: (Name of Limited	Liability Company)	
The enclosed member, managing member or ma	anager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	s matter to:	
Rob Kilgo		
(Contact Person)		
(Firm/Company)		
PO Box 15722		
(Address)	12 OCT -2 ECRETARY ELLAHASSI	
Clearwater FL 33766	5 1 2 1999 —	
(City/State and Zip Code)	please call:	
For further information concerning this matter,	please call: $\frac{1}{2}$	
	255 6060	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the state of	he Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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 Vibe of State is:	limited liability company a Fit Xpress LLC	as it appears on the records of the Florida	a Department
2. This limited liab Florida	ility company was organize	ed under the laws of:	
3. The Florida doct L120000470	=	of this limited liability company is:	2812 OCT SEGRETALLAHA
4. INabilah Sha	amseddine	, hereby resign as a MGRM	ASS I
7	ame of Person Resigning)	(Print 7	ritle)n
of this limited lial resignation in wr	pility company and affirm titing.	the limited liability company has been no	otified of my
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		