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(Red	questor's Name)				
(Add	dress)	·			
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(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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DEPARTMENT OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Cet Going Fitness</u> (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:
Joseph Morr (Contact Person)
(Firm/Company)
706 W. Georgia 8+
Tallahassee FL 32307 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) (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 \$ 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

	Limited liability company			lorida Departmer	nt
	J				
2. This limited liab	ility company was organi	zed under the laws of:		•	
3. The Florida docu 		· :			
4. I, Joseph (Print N	L Mom's	, hereby resig	n as a <u>Mg</u>	Print Title)	
of this limited lial resignation in wr	pility company and affirm	the limited liability o	ompany has b	een notified of m	у
	Ma			 .	
Signature of Rea	gning Member, Managin	g Member or Manage	Г		
Filing Fee. Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				
				13 FEB SECRET	1
CR2E079 (5/06)				-I PHI	