L12000158923

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
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2013 SEP -6 PM 2: 26 SECRETARY OF STATE TALLAMASSEE, FLORIDA

M. Challen SEP - 9 2013

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Gate Fitness LL	Cited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Mark Berry (Contact Person)	
(Firm/Company)	**************************************
14679 Horshoe Trace	
Wellington TL 3341 (City/State and Zip Code)	4
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (954) 630 5766 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for: \$55 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

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



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:	Gate Fitness	. للـد	
2. This limited liab	ility company was organize	ed under the laws of:	HASSEE, FLORIDA
	ment/registration number	of this limited liability com	pany is:
	0,30,25	· · · · · · · · · · · · · · · · · · ·	
4.1 Willia	m James	, hereby resign as a	Manager
(Print N	ame of Person Resigning)		(Print Tule)
	bility company and affirm	the limited liability compar	
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		