

L13000041186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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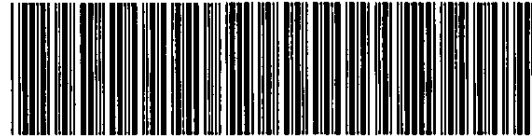
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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910 Foulk Road, Suite 201, Wilmington DE 19803  
Phone: 302-652-4800 • Fax: 302-652-6760  
[www.corpco.com](http://www.corpco.com) • [info@corpco.com](mailto:info@corpco.com)

January 10, 2017

**VIA FEDEX**

Florida Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: MISSION 1 FITNESS LLC**

Dear Sir or Madam:

Please find enclosed the following for the above referenced entities:

- Cover letter and Resignation of Registered Agent
- Our checks each in the proper amount to cover each resignation.

Please file this document and provide us with a file stamped copy. Please return the file stamped copy to my attention using the enclosed envelope.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a wonderful day.

Sincerely,

  
Gabriela Fajardo

Enclosures

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MISSION 1 FITNESS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000041186

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:

Gabriela Fajardo

Name of Person

c/o CorpCo

Name of Firm/Company

910 Foulk Road, Suite 201

Address

Wilmington, DE 19803

City/State and Zip Code

info@corpco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Fajardo

at (302) 652-4800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

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TALLAHASSEE, FLORIDA  
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ARD, SHIRLEY & RUDOLPH, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for MISSION 1 FITNESS LLC

Name of Limited Liability Company

L13000041186

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:

Samual J. Ard

Typed or Printed Name

s.r. Partner

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 12 PM 12:25

### 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