

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000291883 3)))



H190002918833ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tic:				
	Division of Co			
	Fax Number	: (850)617-6383	• • •	
From;			٠	•
	Account Name Account Number	: Ala REGISTERED AGENT IN : 120090000032	ic.	
	Phone Fax Number	: (561)792-2236		E:
	rax ramber	: (561)202-8082		3
Finter the oms-		,		Ţ
annual rep	ort mailings. En	his business entity to be ster only one email address	used fo s please	r füzure **
Email Addr	ess:			

LLC REGISTERED AGENT RESIGNATION ATC FITNESS FORT MYERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 GOT - 1 P.S.12: 1 c

Electronic Filing Menu

Corporate Filing Menu

Help O SIMMONS

HA000291883 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of:	section 605.0115, Flor	ida Statutes, the un	ndersigned.			
SUPERBIZ REGISTER	ED AGENT, INC.		, hereby resign	ne ne		
	of Registered Agent		, thereby testign	1.5 45		
Registered Agent for ATC F	TITNESS FORT M	YERS, LLC			·····	
	Name of Limited Lia	ibility Company	 .			,
L13000085408						
Document Number,	if known					
A copy of this resignation wa	s mailed to the above t	isted limited liabili	ity company at its	s last knou	vn addi	r ⇔ cc
The agency is terminated and						
	Ima Mal	ture of Resigning Agen				
If signing on behalf of an enti	itv:). J	
	IA MAKI			:		
	Typed or	Printed Name			`-1	
DP					- -	r r
	Сара	acity			Ţij.	(-)
					: 12	
	FILING FEES \$ 85.00 Acti \$ 25.00 Adm with	S: ve limited liability ninistratively disso hdrawn limited liab	/ company olved/ voluntarily bility company	dissolved	 27 3/	

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

INHS17 (2/14)