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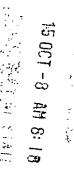
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Special Instructions to Filing Officer:		
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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section
Division of Corporations

F*IT Personal Training LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Mason A Tsuji (Contact Person) F-IT (Firm/Company) 1845 Cowen Rd. Suite A (Address) Gulf Breeze, FL. 32563 (City/State and Zip Code) For further information concerning this matter, please call: Mason Tsuji 436-1903 (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 □ \$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 32314 Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	Personal Training LLC	it appears on the records of the Florida Department
2. The Florida doc L1500008433		signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:
David M. Kn	iaht	** .*
4. I,	Name of Person Resigning)	, hereby withdraw/resign as a
Manager/Mei		7-8
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company has been notified of my
_ Pai	le plevo	****
Signature of D	issociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	