



**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.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : A1A REGISTERED AGENT INC.  
Account Number : 1200500000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-8082

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2019 OCT -1 PM 12:16

**LLC REGISTERED AGENT RESIGNATION  
ATC FITNESS SARASOTA LLC**

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

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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,

**SUPERBIZ REGISTERED AGENT, INC.**

Name of Registered Agent

, hereby resigns as

Registered Agent for **ATC FITNESS SARASOTA LLC**

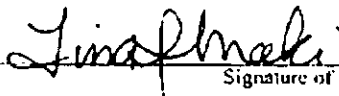
Name of Limited Liability Company

**L15000132375**

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:

**TINA MAKI**

Typed or Printed Name

**DP**

Capacity

**FILING FEES:**

\$ 35.00	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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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