L15000197602

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Advance Fitness, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L15000197602
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
800 773-0888
Name of Person Area Code Davtime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	95.0115. Florida Statutes, the u	ndersigned,	
Name of Registered Agent		hereby resigns as	
Name	of Limited Liability Company		
L15000197602			
Document Number, if known			
A copy of this resignation was mailed to	o the above listed limited liabil	lity company at its last known address.	
		after the date on which this statement is filed.	
	Crik Treedlein	L	
	Signature of Resigning Ages	nt	
If signing on behalf of an entity:		28	
Erik Treutlein		Agents, Inc. Agents, Inc.	
Typed or Printed Name			
Vice President for United States Corporation Agents, Inc.		Agents, Inc.	
Capacity			
		FE S	
PH	ING PPPC	M 8: 20	
\$ 85	ING FEES: 5.00 Active limited liability	Company	
\$ 25	6.00 Administratively disso withdrawn limited liab	olved/ voluntarily dissolved/	

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