L17000024470

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Liability Company Limited Liability Company and fee are submitted
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ter to the following:
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e call:
773-0888 a Code Daytime Telephone Number
a Code Daytime Telephone Number

MAILING ADDRESS:

liability company.

INHS17 (2/14)

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY AM 7: 59

Pursuant to the provis	sions of section 605.0115, Florida Statu	tes, the undersigned,
United States Co	rporation Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	Core Faith Fitness, LLC	
	Name of Limited Liability Com	pany
L17000026470		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed lim	ited liability company at its last known address.
The agency is terminate	ated and the office discontinued on the Signature of Res	S1st day after the date on which this statement is filed.
If signing on behalf o	f an entity:	
	Cheyenne Moseley	
	Typed or Printed Na	me
	Asst. Secretary for United States Co	orporation Agents, Inc.

FILING FEES:
\$ \$5.00 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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