Requester's Name D S West Same Address City/State/Zip Phone #	200 ple RO. 33065	\$0555 6000045184961 -08/02/0101059020 *****70.00 *****25.00
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if I	·
1. (Corporation Name)	(Document #)	
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2. (Corporation Name)	(Document #)	FIL DI AUG -2 SECRETAR ALLAHAS
3. (Corporation Name)	(Document #)	ARY OF STA
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☐ Walk in ☐ Pick up time		☐ Certified Copy
☐ Mail out ☐ Will wait	Photocopy	☐ Certificate of Status
NEW FILINGS Profit Profit	AMENDMENTS Amendment	199-855
Not for Profit Limited Liability Domestication Other	Change of Registe Dissolution/Withd Merger	
OTHER FILINGS	REGISTRATION/QU	JALIFICATION (1)
Annual Report Fictitious Name	Foreign Limited Partnershi Reinstatement Trademark Other	p
		Evaminar's Initials

CR2E031(7/97)

MANAGER RESIGNATION

4,3

I,	BONNIE SCHMIDT	, hereby resign as	Manager (Title)			
of _	LADIES FITNESS PLUS SU (Name of	NRISE, LLC Limited Liability Company)				_
a lim	ited liability company organized	under the laws of the S	tate of	FLORI	DA	_
and a	ffirm that the limited liability co	mpany has been notifie	d in writing o	of the resign	ation.	
	(Signature of resigning individual	Schmidt		T's	; 므	
	Print Name: BONNIE	SCHMIDT	Date: M	arch 30	200 1	
	F	TILING FEE IS \$35.00		ASSEE, FLO	1.2 PM 5: (MLED
	Make check payabl	e to Florida Department of Division of Corporations P.O. Box 6327	State and mail	l to:	H 5	

Tallahassee, FL 32314