## M07000004723

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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04/01/11--01004--017 \*\*25.00

T. HAMPTON

APR - 4 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: Snap Chess Cle (Name of Foreig	n Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for	or filing.
Please return all correspondence concerning this ma	atter to the following:
Mile Leier (Name of Person)	
(Name of Person)	<del></del>
Snap Fitness Clearunt (Firm/Company)	er LC
13115 55th Place (Address)	J
Plymouth m 55 (City/State and Zip Code)	<u> </u>
(Chy/state and Zip Code)	
For further information concerning this matter, plea	se call:
	(12 -1 514)
(Name of Person)	at (6/2) 369-5402 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee &

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Snap Fitness Clearwater LLC (Name of limited liability company)
\ (Name of limited liability company)
(Jurisdiction of its organization)
(Jurisdiction of its organization)
M0700000 4723
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
(Mailing address)
Plymouth nn 55442 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Mh L
(Signature of member or authorized representative of a member)
Mike Loier
(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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