

P00000004708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

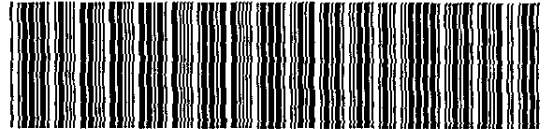
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800057671918

07/29/05--01024--

05 JUL 29 AM 8:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

7-29-05  
RARE on

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fitness Connection of Leesburg, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000004708

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. Michael Nelson

(Name of Person)

Nelson, Bisconti & Thompson, LLC

(Name of Firm/Company)

718 W. MLK Boulevard, Suite 200

(Address)

Tampa, Florida 33603

(City/State and Zip Code)

For further information concerning this matter, please call:

G. Michael Nelson

(Name of Person)

at ( 813 ) 221 - 0999

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, G. Michael Nelson  
(Name of Registered Agent)

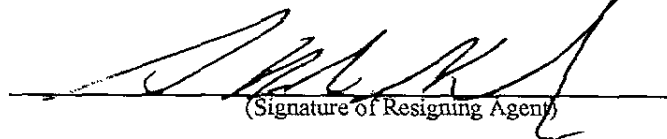
hereby resigns as Registered Agent for Fitness Connection of Leesburg, Inc.  
(Name of Corporation)

P00000004708

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUL 29 AM 8:10

FILED

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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