## P0200015376

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ons	* <u></u>		÷	
SUBJECT: NATIONAL PE	RSONAL TRAININ	NG INSTITUTE	OF SOUTHE	RN CA	Inc
	(Manne	or Corporation)			
DOCUMENT NUMBER:	P02000015376	<u> </u>	aa je ist	145	
The enclosed Officer/Director	Resignation for a Co	orporation and fe	e are submitted	i for filin	ıg.
Please return all corresponden	ce concerning this m	natter to the follo	wing:	•	
LOU MONACELLO JR (Name of	f Person)	-		-   F.S.	*
NATIONAL PERSONAL IN (Name of Fig.	NST OF SO CAL		The state of the s	- ‡, .	F1 =
1969 S ALAFAYA TRAIL #	(308 ress)	-	, and the second	च् <u>र</u> ीक	
ORLANDO FL 32828 (City/State a	nd Zip Code)				
For further information concer	ning this matter, ple	ase call:		•	
LOU MONACELLO JR (Name of Person	. <u> </u>	800 _ 960-	6294	i ket	
(Name of Person Enclosed is a check for \$35.00		= +		Number)	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Addre Amendment S Division of Co 409 E. Gaines	Section orporations Street		ł· •	
Tallahassee, FL 32314	Tallahassee, F	L 32399°.			

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DENT (Title)

I. PATRICK SHERMAN	, hēreby i	resign as PRES	IDENT		
			(Title)		
of NATIONAL PERSONAL TRAINING		OF SOUTHER	RN CALIFORNIA	A IN	
(Name of Corpo	oration)				
P02000015376 (Document Number, if known)	rporation orga	unized under the	laws of the State of	f	
FLORIDA		w <u>e</u> n	1		
MI					
			· 		
(Signature	of resigning of	ncer/director)			

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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