

P03000 113897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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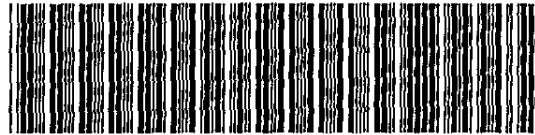
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✓ O/b Resign.
09/13/05
De

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL PERSONAL TRAINING INSTITUTE OF MIAMI, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000113897

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS J. MONACELLO

(Name of Person)

NATIONAL PERSONAL TRAINING INSTITUTE OF

(Name of Firm/Company)

1969 SOUTH ALAFAYA TRAIL #308

(Address)

ORLANDO, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS J. MONACELLO

(Name of Person)

at (215) 416-0995
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

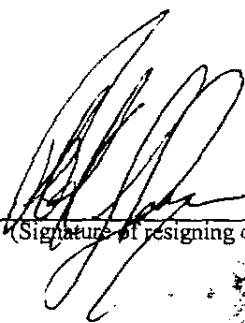
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PATRICK SHERMAN, hereby resign as OFFICER
(Title)

of NATIONAL PERSONAL TRAINING INSTITUTE OF MIAMI, INC
(Name of Corporation)

P03000113897, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
05 SEP -7 PM 4:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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