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(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: FIVE Stre Gym Corp. (Name of Corporation)
DOCUMENT NUMBER: PO 40000 18364
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Glogia Largo (Name of Person)
FIVE STAR GYM COYP (Name of Firm/Company)
418 Euclid Aue # 4C (Address)
Miami Berch, R 33139 (City/State and Zlp Code)
For further information concerning this matter, please call:
(Name of Person) at (186) 216 8755 (Area Code & Daytime Telephone Number)
T 1 1' 1 1 C #2500 1 11 1 1 1 1 1 2

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. JOEL Coto	, hereby resign as	VICE PRES	10=ut
of FIVE SHER GYM COLD-	ration)		·
	poration organized unde	er the laws of the State of	of
Florida.		 -	_
		SECRE)	O7 HAR 2
	In M	SEE.	2 2
(Signature	of resigning of icer/director	FLORIDA	7:51

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