P050001732/

(Requestor's Name) (Address)	800136117388	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	09/22/0801011004 **35.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2090 SEP 22 AM 3: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

COVER LETTER

SUBJECT: Body Active, Inc. (Name of Corporation) P05000017324 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joanna Torrens (Name of Person) Body Active, Inc. (Name of Firm/Company) 9775 SW 15 Street (Address) Miami, Florida 33174 (City/State and Zip Code) For further information concerning this matter, please call: Joanna Torrens (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Jonathan S. Torrens	, hereby resign as Vice President	
1,	Title)	-
of Body Active, Inc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Name	of Corporation)	
P05000017324 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida	ZES SEP	an shiftingly
	SEP 22 AHASS	Comment of the Commen
Do	AH 3	
	Signature of resigning officer/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