P05000086089

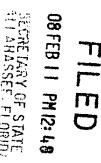
(Requestor's Name)
(Address)
(Address)
,
(City/Chata-City/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartifical Conics Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





200117474722

02/11/08--01059--003 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LIFEWAY FITNESS /NC. (Name of Corporation)
DOCUMENT NUMBER: PØ5ØØØØ86Ø89
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AMANDA SHELDON (Name of Person)
LIFEWAY FITNESS / WC. (Name of Firm/Company)
9427 SW151 Avenue (Address)
Miami FL 33194 (City/State and Zip Code)
For further information concerning this matter, please call:
AMANDA SHELDON at (786) 344 1332 (Area Code & Daytime Telephone Number)
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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ADRIAN SUAREZ, hereby resign as VP & SECR (Title)	<u> </u>
of LIFEWAY FITNESS INC, (Name of Corporation)	_,
P0500086089, a corporation organized under the laws of the State of (Document Number, if known)	
FLORIDA	
OR FER I.	<u>n</u>
(Signature of resigning officer/director)	ガン

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