

P: 05000141412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

01/25/07
20-58-5
4-25-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAX'D OUT FITNESS CENTER INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000141412

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

Please return all correspondence concerning this matter to the following:

RICKY DELACRUZ

(Name of Person)

MAX'D OUT FITNESS CENTER INC.

(Name of Firm/Company)

322 GUNNERY RD SUITE B

(Address)

LEHIGH ACRES FL 33971 US

(City/State and Zip Code)

For further information concerning this matter, please call:

RICKY DELACRUZ

(Name of Person)

at (239) 229-4920

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

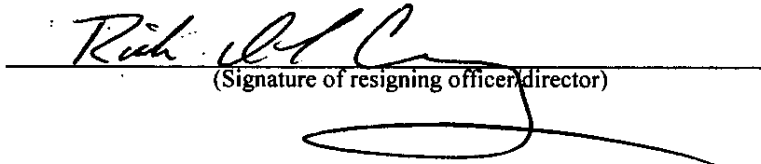
I, RICKY DELACRUZ, hereby resign as PRESIDENT
(Title)

of MAX'D OUT FITNESS CENTER INC.
(Name of Corporation)

P05000141412, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


(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