## P06000030681

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Corrected Corp Name by telephone Call The 10/24/26
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M/Dis Resign

FILED
2006 OCT 24 AM 9: 18
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: X3M Fitness, Inc. (Name of Corporation)		
DOCUMENT NUMBER: PO600030681		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Abel E. Ramire2 (Name of Person)		
X3M Fitness, Inc. (Name of Firm/Company)		
11615 Griffing Blvd. (Address)		
Biscoupe Park, FL 38 Kol (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (305) (607-3249) (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		

FILED.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION TALLAHASSEE, FLORIDA

I, Abel E. Ramirez, hereby r	esign as P. S. (Title)
of X3m Fitness, Inc. (Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
(Document Number, if known), a corporation orga	unized under the laws of the State of
Florida	

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