## 612061000

(Re	equestor's Name)	
(Ad	Idress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:_Key west island gy	m
SUBJECT	(Name of Corporation)
DOCUMENT NUMBER: P06	5000120642
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Jan Doelman	
(Name of Per	son)
Key west island gym	
(Name of Firm/C	ompany)
1119 White Street	
(Address)	
Key West Florida 33040	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
Jan Doelman	at ( 305 ) 296 5028 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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, Jan Doelman	, hereby resign as Director		
	,	(Title)	
of Key West island gym			
	ame of Corporation)		
P06000120642	, a corporation organized under the laws of the State of		
(Document Number, if known)			
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

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