P08000087493

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



700255290287

01/10/14--01014--033 **87.50

THE OF MAN TO THE TOTAL TH

RES 1.14

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: 360 Degree Fitness |
| (Name of Corporation) |
| DOCUMENT NUMBER: P08000087493 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Kelly Drewyer |
| (Name of Person) |
| 360 Degree Fitness |
| (Name of Firm/Company) |
| 1100 W Sample Rd |
| (Address) |
| 0 |

Coral Springs Florida 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Drewy Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, Kelly Drewyer |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for 360 Degree Fitness |
| (Name of Corporation) |
| P08000087493 |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |
| Kelly Drugge |
| If signing on behalf of an entity: |
| |
| |
| (Typed or Printed Name) (Capacity) |
| |
| (Capacity) |
| |

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314