2000076517

(Requestor's Name)			
(Ad	ldress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
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04/21/14--01020--020 **35.00

Kesign. 5-6-14

TRANSMITTAL LETTER

SUBJECT: JUE'S FITNELS INC. (Name of Corporation)
DOCUMENT NUMBER: P120000 76517
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valerie A Millshale (Name of Person)
Joe's Fitness Inc. (Name of Firm/Company)
1123 N Toledo Blade Blvd. (Address)
North Port FL 34288 (City/State and Zip Code)
For further information concerning this matter, please call:
Valerie Milslagle at (941) 204-5358 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Joseph J Mills agle, hereby resign as Dire	Cto (Title)
of JOE'S FITNESS INC. (Name of Corporation)	,
(Document Number, if known), a corporation organized under the law	vs of the State of
Florida.	
Jan	
(Signature of resigning officer/director)	14 APR 2
FILING FEE IS \$35.00	LED 21 FH 4:55

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: