## P14000007131

(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:				
Office Use <sup>t</sup> Only				



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: S	ShredZone Fitness Studio, Inc			
	(Name of Corporation)			
DOCUMENT N	NUMBER: P14000007131			
The enclosed Of	ficer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	EDDY O. CASIMIR JR. (Name of Person)			
SHRE	EDZONE FITNESS STUDIO, INC (Name of Firm/Company)			
	9934 Pine Dust Court (Address)			
<del></del>	Lake Worth, FL 33467 (City/State and Zip Code)			
For further information	mation concerning this matter, please call:			
	DDY O. CASIMIR JR. at ( 561 ) 254-6003  Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a che	eck for \$35.00 made payable to the Florida Department of State.			
Mailing Address Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	orations Division of Corporations 2661 Executive Center Circle			

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	ROBERT O. WHITE	hereby resign as	VICE PRESIDENT		
			(Title)		
of	SHREDZONE FITNESS STUDIO, INC. (Name of Corporation)				
	P14000007131 (Document Number, if known)	, a corporation organized under	the laws of the State of		
	FLORIDA		-A		
(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