

P16000006598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*0/0-Resigned*

S. TALLENT

SEP 21 2016

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WOW FITNESS TRAINERS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000006598

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIVIANA RICE

(Name of Person)

WOW FITNESS TRAINERS INC

(Name of Firm/Company)

7601 E TREASURE DRIVE APT 419

(Address)

N. BAY VILLAGE FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

VIVIANA RICE at ( 786 ) 390-8975

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

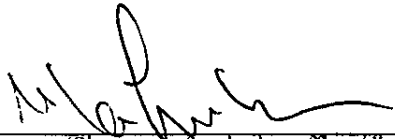
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CALUIAN MARIUS-IULIAN, hereby resign as VICE PRESIDENT  
(Title)

of WOW FITNESS TRAINERS INC  
(Name of Corporation)

P16000006598, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, 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