

P200000 66139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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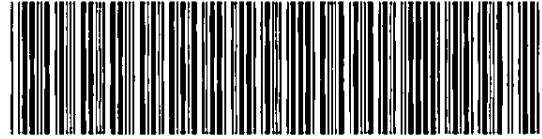
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRUSH FITNESS INC
(Name of Corporation)

DOCUMENT NUMBER: 130000066139

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:

CATHERINE HUETT
(Name of Person)

ACC ACCOUNTING SERVICES INC
(Name of Firm/Company)

7383 MONTEREY BLVD
(Address)

TAMPA FL 33625
(City/State and Zip Code)

For further information concerning this matter, please call:

CATHERINE HUETT at (813) 2481-2619
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025 JAN -8 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, _____

CATHERINE HUETT

(Name of Registered Agent)

hereby resigns as Registered Agent for _____

CRUSH FITNESS INC

(Name of Corporation)

P20000066139

(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.

Catherine Huett

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FL

2025 JAN -8 AM 11:14

6:11:50 PM

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withdrawn corporation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