P97000036457

(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

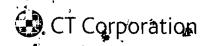


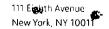
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SECRETARY OF STAFF

ME CIEME





212 894 8940 tel 212 590 9180 fax " www.ctlegalsolutions.com

July 21, 2015

RE: L.A. FITNESS – FLORIDA, INC. (FL. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$35.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure July 21, 2015

RE: L.A. FITNESS – FLORIDA, INC. (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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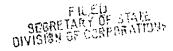
Very truly yours,

CT CORPORATION SYSTEM

Theresa Alfieri (hm) .

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

15 AUG -3 AM 11: 25

Pursuant to the provisions of sections 60	17.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	L.A. FITNESS - FLORIDA, INC. (FL. DOM.)	
	(Name of Corporation)	
P97000026457		
(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 of this statement is filed.	discontinued on the 31st day after the date on which	
H	alf	
(Sig	anature of Resigning Agent)	
If signing on behalf of an entity:		
C T CORPORAT	TON SYSTEM - THERESA ALFIERI	
(7)	Typed or Printed Name)	
ASS	SISTANT SECRETARY	
	(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