

L16000130514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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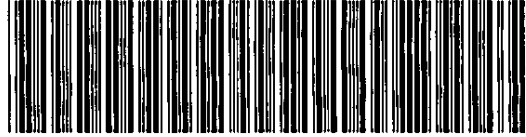
(Business Entity Name)

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TALLAHASSEE, FLORIDA

AUG 08 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dance 2 B Fit LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erika Rivere

Name of Person

Dance 2 B Fit LLC

Firm/Company

413 Winterside Dr

Address

Apollo Beach, FL 33572

City/State and Zip Code

zumba-813@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Rivere

813 220-8096
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dance 2 B Fit LLC

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-29-2010 BY 60322

16 AUG -5 PM 2:29
FULTON, MISSISSIPPI
FULTON, MISSISSIPPI

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated _____, _____

Erika Riven
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Erika Rivere.

Typed or printed name of signee