

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000126835

Entity Name: 3 RIVERS HEALTH FIT LLC

Current Principal Place of Business:

800 WEST AVE
PH10
MIAMI BEACH, FL 33139

Current Mailing Address:

800 WEST AVE
PH10
MIAMI BEACH, FL 33139

FEI Number: 82-1810395

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASTRIAN, JASON
800 WEST AVE
PH10
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER MEMBER
Name MASTRIAN, JASON
Address 800 WEST AVE PH10
City-State-Zip: MIAMI BEACH FL 33139

Title MEMBER
Name MANN, ROBERT
Address 2133 CALAIS DR
 #12
City-State-Zip: MIAMI BEACH FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON MASTRIAN

MANAGER MEMBER

03/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date