

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000126835

Entity Name: 3 RIVERS HEALTH FIT LLC

Current Principal Place of Business:

3119 JACKSON AVE
MIAMI, FL 33133

Current Mailing Address:

3119 JACKSON AVE
MIAMI, FL 33133 US

FEI Number: 82-1810395

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASTRAN, JASON
3119 JACKSON AVE
MIAMI, FL 33133 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 MASTRAN, JASON
Address 3119 JACKSON AVE
City-State-Zip: MIAMI FL 33133

Title MEMBER
Name MANN, ROBERT
Address 3760 BIRD RD
 307
City-State-Zip: MIAMI FL 33146

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

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date