

**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            MASTRIAN, 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