

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015304

1. Entity Name

~~CURVES FOR WOMEN, LLC~~

Simply Fit LLC

Principal Place of Business

6690 SOUTH US HWY 1
PT. ST. LUCIE FL 34952

Mailing Address

6690 SOUTH US HWY 1
PT. ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4466434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAVIS, CYNTHIA B
606 SW ANCHORAGE WAY
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. ~~MANAGING MEMBER~~ MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
Cynthia B REAVIS
STREET ADDRESS 606 SW Anchorage Way
CITY-ST-ZIP Stuart, FL 34994

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1 May 2002

5614683006

Daytime Phone #

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-22-2002 90256 034 ****50.00

36753

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 22, 2002

SIMPLY FIT L.L.C.
6690 SW US HIGHWAY 1
PORT ST. LUCIE, FL 34952

Re: Document Number L01000015304

The Articles of Amendment to the Articles of Organization for CINDY'S CURVES LLC which changed its name to SIMPLY FIT L.L.C., a Florida limited liability company, was filed on April 22, 2002.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Tammi Cline
Document Specialist
Division of Corporations

Letter Number: 402A00023940

I had to change
my first name. Is there
any other place
I record it?
Thank you
Cindy Travis
772-468-3006