

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # L01000015304**

1. Entity Name

**SIMPLY FIT L.L.C.**

*dba Curves*



01-29-2003 90068 001 \*\*\*\*50.00

01-29-2003 90068 002 \*\*\*\*25.00

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>REAVIS, CYNTHIA B</b>	
STREET ADDRESS	<b>606 SW ANCHORAGE WAY</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date

Daytime Phone #

CR2E083 (10/02)

Atta Clement

55003308

# 201000015304

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Simply Fit LLC

(Present Name)

(A Florida Limited Liability Company)

**FIRST:** The date of filing of the articles of organization was 4-22-02

**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

Simply Fit LLC.  
dba Curves

Dated 20 January, 2003

Cynthia B Reavis

Signature of a member or authorized representative of a member

Cynthia B Reavis

Typed or printed name of signee