

L 09000006856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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10 OCT 14 PM 2:45  
STATE  
TALLAHASSEE, FLORIDA

W

J. BRYAN

OCT 15 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: South Florida Beach Body LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Dougherty  
Name of Person

South Florida CrossFit  
Firm/Company

5150 SW 48th Way #607  
Address

DAVIE, FL. 33314  
City/State and Zip Code

TDOUGHERTY1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Dougherty at (954) 610-0417  
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2010

TOM DOUGHERTY  
SOUTH FLORIDA CROSSFIT  
5150 SW 48TH WAY #607  
DAVIE, FL 33314

SUBJECT: SOUTH FLORIDA BEACH BODY LLC  
Ref. Number: L09000006856

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10 OCT 14 PM 2:45  
TALLAHASSEE, FLORIDA

We have received your document for SOUTH FLORIDA BEACH BODY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 910A00023579

October 12, 2010

This letter is to inform that I will not reinstate South Florida CrossFit LLC and I release the name of South Florida CrossFit LLC.

Now that I have authorized to release the name: South Florida CrossFit LLC, I am now requesting that the name of South Florida Beach Body LLC be changed to South Florida CrossFit LLC



Thomas Dougherty

954-610-0417

5150 SW 48<sup>th</sup> Way #607

Davie, Fl. 33314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

South Florida Beach Body LLC

South Florida CrossFit LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 14 PM 2:45

FILED

Dated September 28, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Thomas Dougherty  
Typed or printed name of signee