

L10 0000003910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

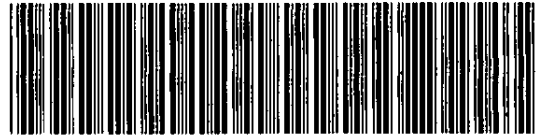
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 25 2010

EXAMINER

**1/18/2010**

**COVER LETTER**

TACTICAL FITNESS, LLC

JENNIFER STOCKERO

CONTACT: 414-467-6839

OR [JENNYSTOCKERO@YAHOO.COM](mailto:JENNYSTOCKERO@YAHOO.COM)

ADDRESS: 235 ANTILLA AVE #9

CORAL GABLES, FL 33134

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

TALTICAL FITNESS, 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:

Jennifer Stockero

Name of Person

Firm/Company

235 Antilla Ave #9

Address

Coral Gables, FL 33134

City/State and Zip Code

Jenny Stockero@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Stockero

Name of Person

at (414) 467-6839

Area Code & Daytime Telephone Number

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

TACTICAL FITNESS, 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

Title	Name	Address	Type of Action
MGRM	CARLOS ARIAS	235 Antilla Ave #9 Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated January 19, 2010.

Jennifer Stockero  
Signature of a member or authorized representative of a member  
Jennifer Stockero  
Typed or printed name of signee