

L10000028528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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01/31/11--01030--023 **35.00

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11 FEB 11 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wrong form

J. BRYAN

FEB 15 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2011

JANET M. HERRBERG
FOUR POINTS FITNESS & MASSAGE LLC
14698 GLEN EDEN DR.
NAPLES, FL 34110

SUBJECT: FOUR POINTS FITNESS & MASSAGE LLC
Ref. Number: L10000028528

FILED
11 FEB 11 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FOUR POINTS FITNESS & MASSAGE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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: 411A00002787

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Four Points Fitness & Massage
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANET M. HERRBERG
Name of Person

Four Points Fitness & Massage
Firm/Company

14698 COLEN EDEN DR.
Address

NAPLES FL 34110
City/State and Zip Code

J.HERRBERG.LMT@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANET HERRBERG at (239) 293-8068
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy
- 35.00 ALREADY SENT

FILED
11 FEB 11 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: FOUR POINTS FITNESS & MASSAGE

2. (a) Principal office address of limited liability company: 14698 GLEN EDEN DR.

(Note: **MUST BE STREET ADDRESS**)

NAPLES, FL 34110

(b) Mailing address of limited liability company:

14698 GLEN EDEN DR.

(Note: **MAY BE POST OFFICE BOX**)

NAPLES, FL 34110

MARCH 15, 2010
3. Date of filing/registration in Florida

L10000028528
H10000058610
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

BUSINESS FILINGS INCORPORATED

Registered Office Address:

1203 GOVERNORS SQUARE BVD

SUITE 101
TALLAHASSEE, FL 32301-2960

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

JANET HERRBERG

NEW Registered Office Address:

14698 GLEN EDEN DR.

(**MUST BE FLORIDA STREET ADDRESS**)

NAPLES, FL 34110

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Janet M. Herrberg
Signature of a member or authorized representative of a member

JANET M. HERRBERG
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.

Janet M. Herrberg
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
11 FEB 11 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL