

LI 000015346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

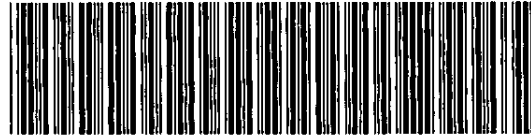
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ANYTIME FITNESS DADE CITY, 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:

WILLIAM G. K. SMOAK

Name of Person

SMOAK & CHISTOLINI

Firm/Company

320 W. KENNEDY BLVD. 4TH FLOOR

Address

TAMPA, FL 33606

City/State and Zip Code

BILLSMOAK@FLATRIALCOUNSEL.COM

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

For further information concerning this matter, please call:

WILLIAM G K SMOAK

Name of Person

at (**813**) **221-1331**

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

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ANYTIME FITNESS DADE CITY, LLC

Page 1 of 3

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:

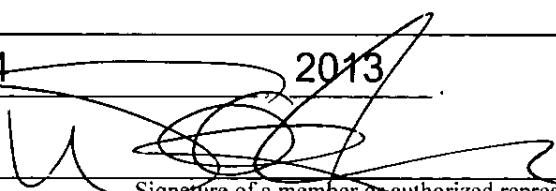
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTHONY KATSARELIS	14540 7TH ST	<input type="checkbox"/> Add
		DADE CITY, FL 33523	<input checked="" type="checkbox"/> Remove
MGRM	NOMIKI KATSARELIS	512 CYPRESS BEND	<input type="checkbox"/> Add
		OLDSMAR, FL 34667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 24 2013



Signature of a member or authorized representative of a member

WILLIAM G. K. SMOAK

Typed or printed name of signee

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Filing Fee: \$25.00

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