

L11000037106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

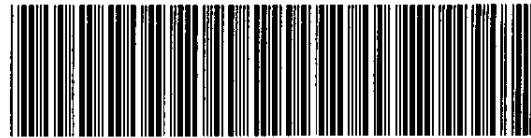
(Business Entity Name)

(Document Number)

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OCT 24 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 25 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIFTED UP LLC  
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:

BRIAN KLEINSCHMIDT  
Name of Person

LIFTED UP LLC  
Firm/Company

3817 CARDENAL AVE.  
Address

RUSKIN, FL. 33573  
City/State and Zip Code

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

**FILED**  
**OCT 24 PM 12:47**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRIAN KLEINSCHMIDT at (813) 785-3400  
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

**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: LIFTED UP LLC  
2. (a) Principal office address of limited liability company: 3817 CARDENAL AVE.  
RUSKIN, FL. 33573  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

SAME AS ABOVE

MARCH 28<sup>th</sup> 2011

3. Date of filing/registration in Florida

L11000037106

4. Document number

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

Registered Agent:

BIZ FILINGS

Registered Office Address:

8040 EXCELSIOR DR  
SUITE 200  
MADISON, WI 53717  
(800-981-7183)

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

**NEW** Registered Agent:

BRIAN KLEINSCHMIDT

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

3817 CARDENAL AVE.  
RUSKIN, FL.  
33573, FL

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.

[Signature]  
Signature of a member of authorized representative of a member

BRIAN KLEINSCHMIDT

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 this change.*

[Signature]  
Signature of Registered Agent

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OCT 24 PM 12:11  
SECRETARY OF FLORIDA