

211660050919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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JAN 29 2015  
J. BRUCE

TAMPA FITNESS PARTNERS III LLC

Page 1 of 3

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ee to comply with the

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tampa Fitness Partners LLC	P.O. Box 18203	<input type="checkbox"/> Add
		Tampa, FL 33678	<input checked="" type="checkbox"/> Remove
AMBR	Tampa Fitness Partners LLC	P.O. Box 18203	<input type="checkbox"/> Add
		Tampa, FL 33678	<input checked="" type="checkbox"/> Remove
MGR	Tampa Fitness Holdings LLC	3411 Silverside Road, Rodney Bldg 104	<input checked="" type="checkbox"/> Add
		Wilmington, DE 19810	<input type="checkbox"/> Remove
AMBR	Tampa Fitness Holdings LLC	3411 Silverside Road, Rodney Bldg 104	<input checked="" type="checkbox"/> Add
		Wilmington, DE 19810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.)*

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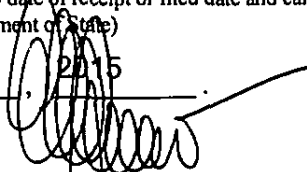
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 12, 2015



Signature of a member or authorized representative of a member

Tampa Fitness Partners LLC, By Guilarey LTD, By Edgard Corona, Sole Director

Typed or printed name of signee

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