

L11000140039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

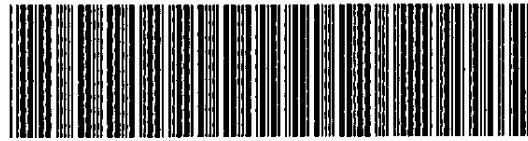
(Document Number)

Certified Copies _____

Certificates of Status _____

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12/12/11--01021--016 **125.00

EFFECTIVE DATE
12/6/11

FILED
11 DEC 12 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 14 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Old Town Fitness, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacie Eggers

Name of Person

Old Town Fitness, LLC

Firm/Company

1010 Truman Avenue

Address

Key West, FL 33040

City/State and Zip Code

stacious1@aol.com

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

For further information concerning this matter, please call:

Stacie Eggers

Name of Person

at (**305**) **731-6495**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Old Town Fitness, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1010 Truman Avenue
Key West, FL 33040

Mailing Address:

1010 Truman Avenue
Key West, FL 33040

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Stacie Eggers

Name

1010 Truman Avenue

Florida street address (P.O. Box NOT acceptable)

Key West

FL 33040

City, State, and Zip

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11 DEC 12 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Frank Dunne
1010 Truman Avenue
Key West, FL 33040

MGRM

Stacie Eggers
1010 Truman Avenue
Key West, FL 33040


MGRM

Robert Eggers
1010 Truman Avenue
Key West, FL 33040

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/6/11. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Stacie Eggers

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
11 DEC 12 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Old Town Fitness, LLC
1010 Truman Avenue
Key West, FL 33040**

December 6, 2011

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

To Whom It May Concern:

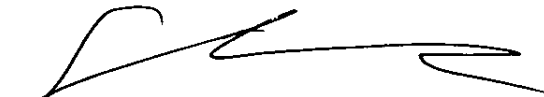
In setting up a new entity with permission to use the same LLC name, Old Town Fitness, LLC, a number of filings were initiated in my error. Please find the attached forms and checks to cover the fees required to allow me to Amend, Dissolve and Apply for Articles of Organization for Old Town Fitness, LLC.

My overall goal is to apply for new Articles of Organization (see new form attached) and obtain a new Document Number, not associated with the original Document Number L08000102078. I furthermore state that I am not going to revoke the dissolution of the new Articles of Organization and that I release the name, Old Town Fitness, LLC, to be used again.

Should you have any questions regarding my request and/or forms, please do not hesitate to contact me at (305) 731-6495 or my CPA, Mary Beth Meyers of Ward & Meyers, LLC at (305) 293-0265 Ext 2#.

Thank you very much for expediting this request.

Respectfully,



Stacie Eggers
Managing Member

cc: Mary Beth Meyers, CPA