

L12000000698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 FEB -8 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 11 2012

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2013

ALEX CROMARTIE  
1072 GLENRAVEN LANE  
CLERMONT, FL 34711

SUBJECT: AWAKENED FITNESS LLC  
Ref. Number: L12000000698

We have received your document for AWAKENED FITNESS 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):

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 613A00001479

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2013 FEB -8 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Awakened Fitness, 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:

Alexander I. Cromartie  
Name of Person

Awakened Fitness, LLC  
Firm/Company

1072 Glenraven Lane  
Address

Clermont, FL 34711  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alex Cromartie at (407) 257-6448  
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

*Already Submitted*

**FILED**  
2018 FEB - 8 PM 1: 30  
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: Awakened Fitness, LLC

2. (a) Principal office address of limited liability company: 1072 Glenraven Lane  
(Note: **MUST BE STREET ADDRESS**) Clermont, FL 34711

(b) Mailing address of limited liability company: 1072 Glenraven Lane  
(Note: **MAY BE POST OFFICE BOX**) Clermont, FL 34711

1/3/2012  
3. Date of filing/registration in Florida

L12000000698  
4. Document number

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

Registered Agent:

NRAI Services

Registered Office Address:

515 East Park Avenue

Tallahassee, FL 32301

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

**NEW Registered Agent:**

Alexander I Comartie

**NEW Registered Office Address:**

1072 Glenraven Lane

(**MUST BE FLORIDA STREET ADDRESS**)

Clermont, FL 34711

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.

Alexander Comartie  
Signature of a member or authorized representative of a member

Alexander Comartie  
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.

Alexander Comartie  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**