

L14000010447

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

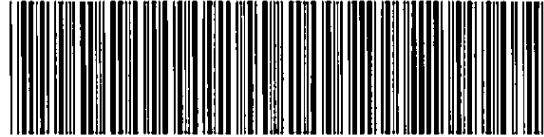
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2017 NOV 20 PM 2:16  
J. HARRIS

NOV 21 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRAIN WITH TR HEALTH & 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:

TRICIA ANKLE

Name of Person

TRAIN WITH TR HEALTH & FITNESS LLC

Firm/Company

20400 W. COUNTRY CLUB DRIVE #204

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

TRAINWITHTR@AOL.COM

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

For further information concerning this matter, please call:

TRICIA ANKLE

Name of Person

at ( 786 ) 3907986

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

INHS18 (2/14)

*A check for \$35.00 was previously mailed*

2017 NOV 20 PM 5:14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2017

TRICIA ANKLE  
20400 W COUNTRY CLUB DRIVE #204  
AVENTURA, FL 33180

SUBJECT: TRAIN WITH TR HEALTH & FITNESS LLC  
Ref. Number: L14000010447

We have received your document for TRAIN WITH TR HEALTH & 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 817A00014070

2017 NOV 20 PM 2:14  
JENNIFER L. HARRIS  
REGULATORY SPECIALIST II



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2017

TRICIA ANKLE  
20400 W COUNTRY CLUB DRIVE #204  
AVENTURA, FL 33180

SUBJECT: TRAIN WITH TR HEALTH & FITNESS LLC  
Ref. Number: L14000010447

We have received your document for TRAIN WITH TR HEALTH & 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

New name of registered is missing if changing.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 317A00012400

RECEIVED  
2017 JUL -5 AM 9:21  
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 605.0114 or 605.0116, 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: TRAIN WITH TR HEALTH & FITNESS LLC

2. (a) 20400 W. COUNTRY CLUB DRIVE (b) 20400 W. COUNTRY CLUB DRIVE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SUITE #204

SUITE #204

AVENTURA, FL 33180

AVENTURA, FL 33180

01/21/2014

L14000010447

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION Agents, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr.

NEW Registered Office Address:

STE 150A

Tampa, FL 33607

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.

TRICIA ANKLE

TRICIA ANKLE

Signature of a member or authorized representative of a member

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 605, 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.*

Bill Havre

Bill Havre

- Assistant Secretary

Signature of Registered Agent

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

FILING FEE: \$25.00