

L15000083698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

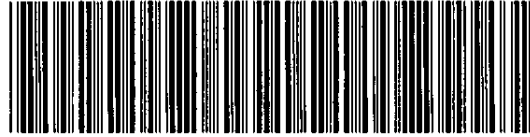
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Exercise Trainers of South Florida LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Pierre

Name of Person

Medical Exercise Trainers of South Florida LLC

Firm/Company

3701 NE 12th Terrace

Address

Pompano Beach FL 33064

City/State and Zip Code

Mept5f@gmail.com

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

For further information concerning this matter, please call:

John Pierre

Name of Person

at (954) 696-6540

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Medical Exercise Trainers
of South Florida LLC

SECOND: The Florida Document number of the limited liability company is: L15000083698

THIRD: The street address of the limited liability company's principal office is:
4541 North Pine Island Rd Sunrise FL
33351

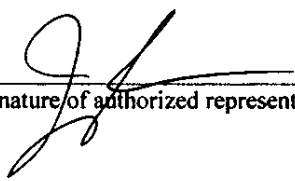
The mailing address of the limited liability company's principal office is:
4541 North Pine Island Rd Sunrise
FL, 33351

FOURTH: The date the statement of authority became effective is: 6/1/2015

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
change in LLC's principle office Address
& principle office Mailing address.



Signature of authorized representative

John Pierre

Typed or printed name of signatory

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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