

L15000083698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 04 2015

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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

Mept+SF@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Pierre at (954) 696-6540
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

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

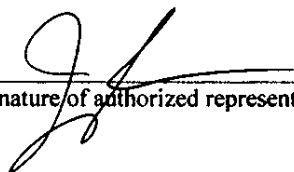
FOURTH: The date the statement of authority became effective is: 6/1/2015

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 signature

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

CR2E145 (2/14)

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