

L17000184466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/8/17

Office Use Only



100304085861

10/20/17--01015--009 **30.00

FILED

17 DEC -6 PM 12: 08

2017 12 06 12:08 PM
CLERK OF SUPERIOR COURT
OKLAHOMA

S. WARREN

DEC 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2017

FISH FITNESS LLC
850 E LIME STREET 2782
TARPON SPRINGS, FL 34688

SUBJECT: FISH FITNESS LLC
Ref. Number: L17000184466

We have received your document for FISH FITNESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00021351

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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

Fish Fitness LLC

FILED
17 DEC -6
PM 12:08
NEW Registered Agent
STATE
ALLAHOSSA, FLORIDA

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Darryl Cooper Jr</u>	<u>3233 Masonville Loop Holiday FL 32110</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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17 DEC - 8 PM 10:08
FBI - HONOLULU

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b),

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member
 Calvin Wood
 Typed or printed name of signee

Filing Fee: \$25.00

FILED
17 DEC -6 PM12:08
TALLAHASSEE, FLORIDA