

L18000071151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

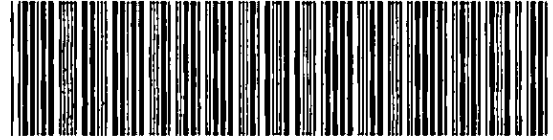
(Business Entity Name)

(Document Number)

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FILED
2018 APR 18 AM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
APR 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2018

LOUIS KONOWAL
233 FIDDLERS POINT DR
ST AUGUSTINE, FL 32080 US

SUBJECT: BIG D FITNESS, LLC
Ref. Number: L1800071151

We have received your document for BIG D FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 018A00006966

RECEIVED
2018 APR 16 PM 2:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BIG D FITNESS, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS KONOWAL

Name of Person

BIG D FITNESS, LLC

Firm/Company

233 FIDDLERS POINT DR

Address

ST AUGUSTINE, FL 32080

City/State and Zip Code

LCKONOWAL@COMCAST.NET

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

For further information concerning this matter, please call:

LOUIS KONOWAL

Name of Person

904

Area Code

540-3358

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: BIG D FITNESS, LLC

SECOND: The Florida Document number of the limited liability company is: L18000071151

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Change: VANARSDALE-KONOWAL, ROBIN to VANARSDALE, ROBIN

Change: KONOWAL-YU, DEANNA to KONOWAL, DEANNA

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Louis Krawcz 4/13/18
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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.

Louis Krawcz 4/2/18
Registered Agent's Signature

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