

L18000291810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

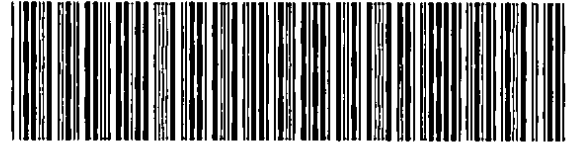
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200325284552

03/04/19--01035--001 \*\*25.00

FILED  
2019 MAR -4 PM 12:22  
SEAL  
TALLAHASSEE, FL

R. WHITE  
MAR 16 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ABUKHDEIR FAMILY FITNESS OF SOUT**

Name of Limited Liability Company

*South Tampa*

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:

**MOHAMMED ABUKHDEIR**

Name of Person

Firm/Company

**10711 CAPE HATTERAS DR**

Address

**TAMPA, FL 33615**

City/State and Zip Code

**MOHAMMEDABUKHDEIR1@GMAIL.COM**

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

For further information concerning this matter, please call:

**MOHAMMED ABUKHDEIR 813 8956361**

Name of Person

*ABUKHDEIR*

at ( )

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

☐ \$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 ~~2018-12-15~~ <sup>2019-01-31</sup> filed document.

**FIRST:** The name of the limited liability company is: ABUKHDEIR FAMILY FITNESS OF  
SOUTH TAMPA LLC TALLAHASSEE, FL

**SECOND:** The Florida Document number of the limited liability company is: L18000291810

**THIRD:** Document to be corrected is: EFFECTIVE DATE

**(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:

EFFECTIVE DATE 12/15/2018

LLC'S EFFECTIVE DATE IS 1/31/2019

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.

Mohammed Alkhatib  
Signature of Authorized Representative

2/26/2019

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.*

\_\_\_\_\_  
Registered Agent's Signature

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