

L18000291895

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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2019 MAR -4 PM 12:17
TALLAHASSEE, FL
SECRETARY OF STATE

R WHITE
MAR 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABUKHDEIR FAMILY FITNESS OF WESTCHAS E
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:

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

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

FILED

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

2018 MAR -4 PM 12:17

FIRST: The name of the limited liability company is: ABUKHDEIR FAMILY FITNESS OF
WESTCHASE LLC

FLORIDA STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: L18000291895

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 Aluf
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)