

L19000271051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

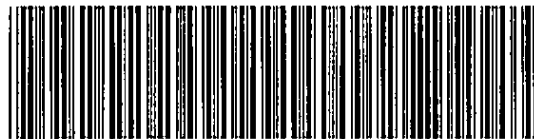
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

L023-2575-



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12/23/19--01003--007 **35.00

2020 FEB 10 PM 4:52

C. GOLDEN
FEB 11 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stretch Zone Pinellas Plaza LLC

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:

Dennis Rosen

Name of Person

Stretch Zone Pinellas Plaza LLC

Firm/Company

7940 SE 174th Ludlow Place

Address

The Villages Florida

City/State and Zip Code

drosen427@comcast.net

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

For further information concerning this matter, please call:

Dennis Rosen

Name of Person

248 730-1048
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2020

DENNIS ROSEN

7130 ~~7130~~ SE 174TH LUDLOW PLACE
THE VILLAGES, FL 32162

SUBJECT: STRETCH ZONE PINELLAS PLAZA LLC
Ref. Number: L19000271051

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00001819

2020 FEB 10 PM 12:12

2023 FEB 10 PM 4:52

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This section is crossed out with a large X.)

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated: 2-7, 2020



Signature of a member or authorized representative of a member

Dennis S. Rosen
Typed or printed name of signer

Filing Fee: \$25.00