

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061246

**FILED**  
**Jun 23, 2009**  
**Secretary of State**

**Entity Name:** FITNESS OF PEMBROKE PINES, LLC

**Current Principal Place of Business:**

1254 PEREGRINE WAY  
WESTON, FL 33327

**New Principal Place of Business:**

6941 SW 196TH AVENUE  
19  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

1254 PEREGRINE WAY  
WESTON, FL 33327

**New Mailing Address:**

1254 PEREGRINE WAY  
WESTON, FL 33327 US

**FEI Number:** 13-4301078      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILHOFT, LINDA S  
1254 PEREGRINE WAY  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS ( ) Delete  
Name: WILHOFT, LINDA S PRES  
Address: 1254 PEREGRINE WAY  
City-St-Zip: WESTON, FL 33327 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA WILHOFT

PRES

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date