

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083319

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: 4 HEALTH AND FITNESS LLC

**Current Principal Place of Business:**

1060 SOUTH PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

4195 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1060 SOUTH PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

4195 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

FEI Number: 26-3312001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUBINSTEIN, ARTHUR  
32 OCEAN ST  
PALM COAST, FL 32137 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: MGRM ( ) Delete  
Name: MCLEAN, DANIEL  
Address: 302 B STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM ( ) Delete  
Name: SERRA, CHARLES  
Address: 1054 ANCHOR ROAD, BOX 8  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete  
Name: MCLEAN, ALLISON  
Address: 302 B STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM ( ) Delete  
Name: SERRA, CONNIE SERRA  
Address: 1054 ANCHOR ROAD, BOX 8  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

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

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

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

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: ARTHUR RUBINSTEIN

POA

04/17/2009

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