

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000033388

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** COMPETITIVE FITNESS L.L.C.

**Current Principal Place of Business:**

647 N. OWL DRIVE  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

1990 MAIN STREET  
SUITE 202  
SARASOTA, FL 34236 US

**Current Mailing Address:**

647 N. OWL DRIVE  
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number:** 26-4630439      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GARY D HORN INC  
595 PINE RANCH EAST ROAD  
OSPREY, FL 34229 US

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

WILKERSON, ASHLEY  
647 N. OWL DRIVE  
SARASOTA, FL 34236 US

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: ASHLEY WILKERSON

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** VALENTI, PATRICIA A  
**Address:** 647 N. OWL DRIVE  
**City-St-Zip:** SARASOTA, FL 34236 US

**Title:** MGR  
**Name:** GEISEN, VICTORIA  
**Address:** 647 N. OWL DRIVE  
**City-St-Zip:** SARASOTA, FL 34236 US

I hereby 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: PATRICIA VALENTI

MGRM

03/30/2010

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