

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100674

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** ACTIVE HEALTH & FITNESS, L.L.C.

**Current Principal Place of Business:**

20505 S.DIXIE HWY.  
#533  
CUTLER BAY, FL 33189

**New Principal Place of Business:**

20505 S DIXIE HWY  
#1269  
CUTLER BAY, FL 33189

**Current Mailing Address:**

20505 S. DIXIE HWY.  
#533  
CUTLER BAY, FL 33189

**New Mailing Address:**

20505 S. DIXIE HWY.  
#1269  
CUTLER BAY, FL 33189

**FEI Number:** 26-3612061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CERVERA, RAPHAEL G  
20505 S. DIXIE HWY.  
#533  
CUTLER BAY, FL 33189 US

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

GOLDBERG, SHELDON M  
20505 S. DIXIE HWY.  
#1269  
CUTLER BAY, FL 33189 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: SHELDON M GOLBERG

01/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOLDBERG, SHELDON M  
Address: 3731 SW 144TH AVE  
City-St-Zip: MIRAMAR, FL 33027

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: SHELDON M GOLDBERG

MGRM

01/30/2012

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