

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007331

**Entity Name:** MEN'S HEALTH ORLANDO, L.L.C.

**Current Principal Place of Business:**

632 N. SEMORAN BOULEVARD  
ORLANDO, FL 32807

**Current Mailing Address:**

632 N. SEMORAN BOULEVARD  
ORLANDO, FL 32807 US

**FEI Number:** 27-1712215

**Certificate of Status Desired:** No

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

HUDSON, CONSTANCE M  
632 N. SEMORAN BOULEVARD  
ORLANDO, FL 32807 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:** CONSTANCE M. HUDSON

04/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	BURKE, LILIANA M	Name	HUDSON, CONSTANCE M
Address	632 N. SEMORAN BLVD.	Address	632 N. SEMORAN BLVD.
City-State-Zip:	ORLANDO FL 32807	City-State-Zip:	ORLANDO FL 32807

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LILIANA M BURKE

MGRM

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date