## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000030692

Entity Name: MASS FITNESS RESOURCE LLC

# **Current Principal Place of Business:**

4421 SCHILKE WAY 116 & 120 SANFORD, FL 32771

## **Current Mailing Address:**

PO BOX 470565

LAKE MONROE, FL 32747

FEI Number: 27-2161710 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FISTILLA, MICHAEL A 4421 SCHILKE WAY 116 & 120 SANFORD, FL 32771 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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 15, 2014

**Secretary of State** 

CC8860745385

## Authorized Person(s) Detail:

Title **OWNER** 

FISTILLA, MICHAEL A Name 4421 SCHILKE WAY Address

116 & 120

SIGNATURE: MICHAEL A. FISTILLA

SANFORD FL 32771 City-State-Zip:

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.

Electronic Signature of Signing Authorized Person(s) Detail

04/15/2014 **OWNER** 

Date