

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033028

**FILED**  
**Apr 08, 2016**  
**Secretary of State**  
**CC7851870481**

**Entity Name:** GET ARM STRENGTH "L.L.C."

**Current Principal Place of Business:**

5155 SW. BIMINI CIRCLE SOUTH  
PALM CITY, FL 34990

**Current Mailing Address:**

5155 SW. BIMINI CIRCLE SOUTH  
PALM CITY, FL 34990

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CRISTOFORO, MICHAEL J  
5155 SW. BIMINI CIRCLE SOUTH  
PALM CITY, FL 34990 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

**Authorized Person(s) Detail :**

Title	MGR	Title	P
Name	CRISTOFORO, MICHAEL J	Name	DI PACE, DANNY
Address	5155 SW. BIMINI CIRCLE SOUTH	Address	3676 SUNSET TRL CIRCLE
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

*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:** MICHAEL CRISTOFORO

**MGR**

**04/08/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date