

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000081841

**Entity Name:** K'S PERSONAL TRAINING LLC

**Current Principal Place of Business:**

860-1 S STATE RD 7  
WELLINGTON, FL 33414

**Current Mailing Address:**

860-1 S STATE RD 7  
WELLINGTON, FL 33414 US

**FEI Number:** 45-2766758

**Certificate of Status Desired:** No

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

STEVEN H MACHIELA CPA PA  
860-1 S STATE RD 7  
WELLINGTON, FL 33414 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  
Name GENEUREUX, KARINE M  
Address 860-1 S STATE RD 7  
City-State-Zip: WELLINGTON FL 33414

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KARINE GENEUREUX

04/16/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date