

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099519

**Entity Name:** LONGEVITY GOLF FITNESS, LLC

**Current Principal Place of Business:**

5459 BENTGRASS DR.  
#110  
SARASOTA, FL 34235

**Current Mailing Address:**

5459 BENTGRASS DR.  
#110  
SARASOTA, FL 34235 US

**FEI Number:** 45-3130685

**Certificate of Status Desired:** No

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

KAPLAN, TODD D  
8470 ENTERPRISE CIRCLE  
SUITE 201  
BRADENTON, FL 34202 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 MGRM  
Name KUEHNE, DALE R  
Address 5459 BENTGRASS DR.  
#110  
City-State-Zip: SARASOTA FL 34235

*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:** DALE R. KUEHNE

**MANAGER**

**04/03/2015**

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

\_\_\_\_\_  
Date