

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000121678

**Entity Name:** CROSSFIT TARPON SPRINGS, LLC

**Current Principal Place of Business:**

425 E SPRUCE ST UNIT D  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

425 E SPRUCE ST UNIT D  
TARPON SPRINGS, FL 34689

**FEI Number:** 46-3532126

**Certificate of Status Desired:** No

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

EDWARDS, STEVEN C  
425 E SPRUCE ST UNIT D  
TARPON SPRINGS, FL 34689 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 CASSIDY, JAMES  
Address 8621 RACHEL CT  
City-State-Zip: PALM HARBOR FL 34684

Title MGRM  
Name EDWARDS, STEVEN  
Address 3102 PINEVIEW DR  
City-State-Zip: HOLIDAY FL 34691

*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:** JAMES CASSIDY

**MANAGING MEMBER**

**08/21/2014**

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

\_\_\_\_\_  
Date