

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000103895

**Entity Name:** ELIXFITNESS LLC

**Current Principal Place of Business:**

601 CHANNELSIDE WALK WAY  
1144  
TAMPA, FL 33602

**Current Mailing Address:**

601 CHANNELSIDE WALK WAY  
1144  
TAMPA, FL 33602 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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            AMBR  
Name            ELIX, ANTHONY T  
Address        601 CHANNELSIDE WALK WAY #1144  
  
City-State-Zip: TAMPA FL 33602

*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:** ANTHONY T ELIX

AMBR

04/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date