

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000104472

**Entity Name:** OPERATION FIT LLC

**Current Principal Place of Business:**

812 SE LINCOLN AVE  
STUART, FL 34994

**Current Mailing Address:**

812 SE LINCOLN AVE  
STUART, FL 34994

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COLLETTI, JESSICA  
812 SE LINCOLN AVE  
STUART, FL 34994 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	PTR	Title	PTR
Name	COLLETTI, JESSICA L	Name	GOMES, RICHARD J
Address	812 LINCOLN AVE	Address	812 LINCOLN AVE
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994

*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:** JESSICA COLLETTI

**PARTNER**

**05/24/2015**

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

\_\_\_\_\_  
Date