

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000108861

**Entity Name:** SENSORY FITNESS, LLC

**Current Principal Place of Business:**

8790 SW 132 ST  
MIAMI, FL 33176

**Current Mailing Address:**

8790 SW 132 ST  
MIAMI, FL 33176 US

**FEI Number:** 47-1352285

**Certificate of Status Desired:** No

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

GOMEZ, ENRIQUE  
8790 SW 132 ST  
MIAMI, FL 33176 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 GOMEZ, ENRIQUE  
Address 6953 SW 128 CT  
City-State-Zip: MIAMI FL 33183

Title AMBR  
Name DENOVI, GUILLERMO  
Address 1401 SW 22 ST  
APT 906  
City-State-Zip: MIAMI FL 33145

*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:** ENRIQUE GOMEZ

AMBR

02/09/2015

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

\_\_\_\_\_  
Date