

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000178617

**Entity Name:** BREAKAWAY FITNESS LLC

**Current Principal Place of Business:**

512 GULF RD  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

512 GULF RD  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 47-2669949

**Certificate of Status Desired:** No

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

ADRIENNE, ANTHONY  
512 GULF RD  
NORTH PALM BEACH, FL 33408 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 MGR  
Name ANTHONY, ADRIENNE  
Address 512 GULF RD  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** ADRIENNE ANTHONY

**MANAGER**

**04/30/2015**

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

\_\_\_\_\_  
Date