

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000194382

Entity Name: HUSKY MAFIA HEALTH AND FITNESS, L.L.C.

Current Principal Place of Business:

1983 GRANADA ST
NAVARRE, FL 32566

Current Mailing Address:

1927 ORTEGA ST
NAVARRE, FL 32566

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULTZ, KERRY A
2045 FOUNTAIN PROFESSIONAL CT SUITE A
NAVARRE, FL 32566 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 HOLLOWOOD, MELANIE
Address 1927 ORTEGA ST
City-State-Zip: NAVARRE FL 32566

Title MGRM
Name HOLLOWOOD, CHRISTOPHER
Address 1927 ORTEGA ST
City-State-Zip: NAVARRE FL 32566

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: MELANIE HOLLOWOOD

MGRM

05/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date