

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000194382

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

**Current Principal Place of Business:**

1927 ORTEGA STREET  
NAVARRE, FL 32566

**Current Mailing Address:**

1983 GRANADA STREET  
NAVARRE, FL 32566 US

**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

01/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date