

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000000637

Entity Name: 12 WEEK MASTERY LLC

Current Principal Place of Business:

160 W CAMINO REAL NUM 122
BOCA RATON, FL 33432

Current Mailing Address:

160 W CAMINO REAL NUM 122
BOCA RATON, FL 33432

FEI Number: 81-4783257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAL, TOM
160 W CAMINO REAL NUM 122
BOCA RATON, FL 33432 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 BEAL, TOM
Address 121 DEL RIO BLVD
City-State-Zip: BOCA RATON FL 33432

Title AMBR
Name LANFRANCHI, DAMIAN
Address 411 WALNUT STREET NO. 11142`
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title AMBR
Name BROWN, TODD
Address 7859 SPRINGVALE DRIVE
City-State-Zip: LAKE WORTH FL 33467

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: DAMIAN LANFRANCHI

MEMBER

03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date