

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 15, 2018
Secretary of State
CC1553820721

Entity Name: CRUNCH HOLDINGS, LLC

Current Principal Place of Business:

22 WEST 19TH STREET
3RD FLOOR
NEW YORK, NY 10011

Current Mailing Address:

22 WEST 19TH STREET
3RD FLOOR
NEW YORK, NY 10011 US

FEI Number: 27-0561574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name ROWLEY, JIM
Address 22 WEST 19TH STREET
 3RD FLOOR
City-State-Zip: NEW YORK NY 10011

Title MANAGER
Name MASTROV, MARK
Address 22 WEST 19TH STREET
 3RD FLOOR
City-State-Zip: NEW YORK NY 10011

Title MANAGER
Name COLLINS, PHIL
Address 22 WEST 19TH STREET
 3RD FLOOR
City-State-Zip: NEW YORK NY 10011

Title MANAGER
Name NATARAJ, HARISH
Address 22 WEST 19TH STREET
 3RD FLOOR
City-State-Zip: NEW YORK NY 10011

Title MANAGER
Name PEPONIS, ART
Address 22 WEST 19TH STREET
 3RD FLOOR
City-State-Zip: NEW YORK NY 10011

Title MEMBER
Name CH FITNESS INVESTORS, LLC
Address 22 WEST 19TH STREET
 3RD FLOOR
City-State-Zip: NEW YORK NY 10011

Title AUTHORIZED REPRESENTATIVE
Name DEMATTEO, JOHN
Address 22 WEST 19TH STREET
 3RD FLOOR
City-State-Zip: NEW YORK NY 10011

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: JOHN DEMATTEO

**AUTHORIZED
REPRESENTATIVE**

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date