


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000001021 1. Entity Name FIT 4 LIFE PERSONAL TRAINING & SPINE STRENGTHENING LLC		
Principal Place of Business 8709 HUNTERS GREEN DRIVE SUITE 100 TAMPA, FL 33647	Mailing Address 8709 HUNTERS GREEN DRIVE SUITE 100 TAMPA, FL 33647	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MONDAY, TRAVIS 8709 HUNTERS GREEN DRIVE SUITE 100 TAMPA, FL 33647		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONDAY, TRAVIS A 8709 HUNTERS GREEN DRIVE TAMPA, FL 33647	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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, receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE _____ 2/28/06 <small>SIG PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



02162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
39-1849484

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1100000453483
03/14/06-80023-020 50.00

**DO NOT WRITE
IN THIS SPACE**