

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000011794

**FILED**  
**Nov 18, 2013**  
**Secretary of State**

**Entity Name:** FITNESS CONNECTION OF STUART, L.L.C.

**Current Principal Place of Business:**

4215 N HWY A1A  
FT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

4215 N HWY A1A  
FT PIERCE, FL 34949

**New Mailing Address:**

**FEI Number:** 65-1121491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARGENIO, ARTHUR  
4215 N HWY A1A  
FT. PIERCE, FL 34949 US

**Name and Address of New Registered Agent:**

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: ARTHUR ARGENIO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARGENIO, ARTHUR  
Address: 4215 N HWY A1A  
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ARTHUR ARGENIO

MGR

11/18/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date