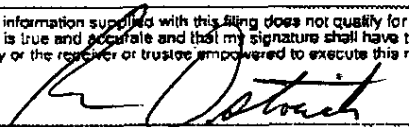


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90045 029 *****50.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000016904			
1. Entity Name Mr. O's Gym, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 604 Badger Drive		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NE Palm Bay, Florida		City & State	
Zip 32905	Country USA	Zip	Country
4. FEI Number 59-3748728		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Robert Ostovich			
Street Address (P.O. Box Number is Not Acceptable)			
604 Badger Drive			
City NE Palm Bay		FL	Zip Code 32905
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable			
		FEF IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Owner / Manager Robert Ostovich 604 Badger Drive, NE Palm Bay, FL 32905	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
DO NOT WRITE IN THIS SPACE			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		321- 4-5-2003 676-9577	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

002E-003H (12/02)