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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	3. Mailing Address
604 Badger Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NE Palm Bay, Florida	City & State
Zip: 32905 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3748728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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.

FEE IS $52.50
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
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CR2E080 (1/2002)

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 608, Florida Statutes.

SIGNATURE: R Ostovich 4-5-2003 321-676-9577
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #