00	SNI	FOROS			DOE	<b>1</b>	) · · · · //		
DECOMENT # L0100020000  1. Entity Name  B & K FITNESS CENTER, LLC							FILED		
Principal Plac 1794 ANNA CAT ORLANDO FL 3	THERINE DRI		Mailing Address 1794 ANNA CATHERINE DRIVE ORLANDO FL 32828				- 03 MAY 22 AN 8-00 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1969 2. Principal P	5. Ala	ness Justa Trail	3. Mailing Address S. Alasaya Tra:   Suite, Apt. #, etc.			<u> </u>	DO NOT WRITE IN THIS SPACE		
# 117 City & State Orlando, Florida - Zip Country			H 117 City & State Orlando, Florida Zip Country				4. FEI Number		Applied For Not Applicable
- 3128		Country U - J . A .	328		V. 3. <b>★</b>		<ol> <li>Certificate of Status Desired</li> <li>Name and Address of New</li> </ol>	Registered	\$5.00 Additional Fee Required
METZGER, BEN 1794 ANNA CATHERINE DRIVE ORLANDO FL 32828						address (P.O. Box Number is Not Acceptable)			
UKLA	2828		City			FL	Zip Code		
E. 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  Ban Metager, managing member  Signature, typed or printed name of registered agent and title if explicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State 0 5.722.703-011003-014 **50,000  Due By September 25, 2002									2003 539
9.	<u>.</u>	MANAGING MEMBER	RS/MANAGERS	3	10.		ADDITIONS	S/CHANGES	3
TITLE NAME STREET ADDRESS CITY=ST-ZIP		R, BEN NA CATHERINE DRIVE D.FL 32828		] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP				Delete	_TITLE NAME STREET ADDRESS CITY-ST-ZIP	· <del>-</del> -	9000 <b>1</b> 9	5755 14502	☐ Change ☐ Addition  6 6 3 9  8 **150.00
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11. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: BECONRED REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-3-2003 407-737-9898

Date Dayline Phone #

☐ Delete

☐ Change

Addition