

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

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90577 048 \*\*\*\*50.00

DOCUMENT # L01000021522

1. Entity Name

FROGGY'S FITNESS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

91812 Overseas Hwy.

Suite, Apt. #, etc.

3. Mailing Address

88170 Overseas Hwy.

Suite, Apt. #, etc.

City & State

Tavernier, FL

City & State

ISLAMORADA, FL

4. FEI Number

22-3850898

Applied For

Not Applicable

Zip

Country

33070

U.S.A.

Zip

Country

33036

U.S.A.

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Kevin SULLIVAN

Street Address (P.O. Box Number is Not Acceptable)

88170 Overseas Hwy

City Islamorada

FL

Zip Code

33036

**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.

SIGNATURE

Kevin Sullivan

Signature, typed or printed name of registered agent and title if applicable

DATE

April 29, 2002

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Kevin SULLIVAN (owner)  
STREET ADDRESS 88170 Overseas Hwy.  
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME LINDA TAYLOR SULLIVAN (manager)  
STREET ADDRESS 88170 Overseas Hwy  
CITY-ST-ZIP Islamorada, FL 33036

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CR2E083B (12/01)

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:

Kevin Sullivan

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

Date

Daytime Phone #

April 29, 2002

(305)

852.6995