

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # L01000021522

1. Entity Name
FROGGY'S FITNESS, LLC



Principal Place of Business

**91812 OVERSEAS HWY
TAVERNIER, FL 33070**

Mailing Address

**88170 OVERSEAS HIGHWAY
ISLAMORADA, FL 33038**



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3850898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SULLIVAN, KEVIN
88170 OVERSEAS HWY
ISLAMORADA, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000781830...
01/15/08-80049-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SULLIVAN, KEVIN
88170 OVERSEAS HWY
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TAYLOR-SULLIVAN, LINDA
88170 OVERSEAS HWY
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SULLIVAN, NICOLE
88170 OVERSEAS HWY
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #