

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

5/5/ **FILED**
Jun 04, 2004 8:00 am
Secretary of State
05-05-2004 90004 022 ****50.00

DOCUMENT # **L020000000125**

1. Entity Name



XTREME FITNESS & TRAINING

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
COCONUT CREEK
4701 JOHNSON RD

3. Mailing Address
4711 NW 24th CT.

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33313

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTIAN P TOUQUE

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

4711 NW 24th CT APT 115

City

LAUDERDALE LAKES FL

Zip Code

33313

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.

DATE

FEE 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
MGRM
CHRISTIAN P TOUQUE
4711 NW 24th CT 33313
LAUDERDALE LAKES FL

TITLE
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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:

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

Date

Daytime Phone #

04-30-04 754 245 4063

CR2E083B (12/02)