

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92179 049 *****50.00

DOCUMENT # L02000001388

1. Entity Name
FIT-N-FUN OF WESTON, L.L.C.



Principal Place of Business
**2042 QUAIL ROOST DRIVE
WESTON, FL 33329**

Mailing Address
**2042 QUAIL ROOST DRIVE
WESTON, FL 33329**

2. Principal Place of Business
2863 EXECUTIVE PK DR

3. Mailing Address
SAME



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
705

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
FL

4. FEI Number
25-2980380

Applied For
☐ Not Applicable

Zip
33331

Country
BROWARD

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOMARRIBA, PEDRO
2042 QUAIL ROOST DRIVE
WESTON, FL 33329**

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
PRESIDENT ☐ Delete
NAME
SOMARRIBA PEDRO
STREET ADDRESS
2042 QUAIL ROOST DRIVE
CITY-ST-ZIP
WESTON, FL 33329

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
C.O.O. JAIMIE RODRIGUEZ
STREET ADDRESS
2695 CYREUS MANOR
CITY-ST-ZIP
WESTON, FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
SECRETARY RAUL AGUIRRE
STREET ADDRESS
2561 JARDIN LN
CITY-ST-ZIP
WESTON, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

PEDRO SOMARRIBA

Date

Daytime Phone #

4/29/03 954-560-7480

CR2E083 (10/02)