

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90006 014 ***138.75

DOCUMENT # L02000011468

1. Entity Name
KJ FITNESS MANAGEMENT, LLC



Principal Place of Business
733 WEST STATE ROAD 436 #2002
ALTAMONTE SPRINGS, FL 32714

Mailing Address
733 WEST STATE ROAD 436 #2002
ALTAMONTE SPRINGS, FL 32714

00000374



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0700146	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, JEROME B
733 WEST STATE ROAD 436 #2002
ALTAMONTE SPRINGS, FL 32714

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHN, JEROME 2102 ROYAL FERN CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV JACONETTI, GEORGE W 733 W STATE RD #936 STE 201 ALTAMONTE SPRINGS, FL 32714
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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:  **Jerome B. Kahn, Agent** 7-7-08 810-239-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #