

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000016175

**FILED**  
**Nov 05, 2004**  
**Secretary of State**

**Entity Name:** XTREME FITNESS CENTERS, LLC

**Current Principal Place of Business:**

POST OFFIC BOX 916722  
LONGWOOD, FL 32791

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 916722  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 59-3459684      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NELSON, G. MICHAEL  
718 W. MLK BOULEVARD  
SUITE 200  
TAMPA, FL 33603 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WHITE, JEFF  
Address: PO BOX 916722  
City-St-Zip: LONGWOOD, FL 32791

Title: MGRM ( ) Delete  
Name: CARDIELLO, ALBERT  
Address: 1708-5 CITRUS BOULEVARD  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFF WHITE

MGRM

11/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date