

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027010

Entity Name: FYT KIDS GYM, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

7803 BLUE SPRING DRIVE
LAND O LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

PO BOX 1082
LAND O LAKES, FL 34637

New Mailing Address:

7803 BLUE SPRING DRIVE
LAND O LAKES, FL 34637

FEI Number: 03-0486857 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:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY, STE. 300
TAMPA, FL 336372087 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/MANAGERS:

Title: MGRM () Delete
Name: HANKINS, MARK
Address: PO BOX 1082
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM () Delete
Name: HANKINS, JULIE
Address: PO BOX 1082
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANKINS, MARK
Address: 7803 BLUE SPRING DR
City-St-Zip: LAND O LAKES, FL 34637

Title: MGRM (X) Change () Addition
Name: HANKINS, JULIE
Address: 7803 BLUE SPRING DRIVE
City-St-Zip: LAND O LAKES, FL 34637

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK S HANKINS

MGMR

05/01/2008

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