2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

07-28-2003 90065 033 ****50.00 L02000034392

FILED ECRETARY OF STATE DOCUMENT # L02000034392 SION OF CORPORATIONS 1. Entity Name ERIK MARSHALL KICKBOXING FITNESS, LLC 03 SEP 10 PM 12: 29 Principal Place of Business Mailing Address 4440B 26TH STREET WEST 5506 21ST STREET COURT WEST **BRADENTON FL 34207 BRADENTON FL 34207** 118 2. Principal Place of Business 3. Mailing Address 4440 B Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 32 -004813 City & State City & State Applied For BRADENTON Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RALPH L. FRIEDLAND, P.A. Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SLITTE 100 SARASOTA FL 34237 Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 . Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE TITLE Change ☐ Addition Delete MARSHALL, ERIK G NAME 5506 21ST STREET COURT WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-21P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Daleta Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-21F 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 cath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.