

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000034437

1. Entity Name
RENAISSANCE HEALTH CLUB, LLC



FILED

04 MAR 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9641 GULF BOULEVARD
TREASURE ISLAND, FL 33706

Mailing Address
9641 GULF BOULEVARD
TREASURE ISLAND, FL 33706

2. Principal Place of Business
1136 Pinellas Bayway
Suite, Apt. #, etc.

3. Mailing Address
8751 Ulmerton Rd
Legal Dept.
Suite, Apt. #, etc.

City & State
Tierra Verde, FL

City & State
Largo, FL

Zip
33715

Country
USA

Zip
33771

Country
USA

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
83-0348422

Applied For
Not Applicable

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

BOOTH, DONALD ESQ.
9641 GULF BOULEVARD
TREASURE ISLAND, FL 33706

Name

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

8751 Ulmerton Rd

City

Largo

FL

Zip Code

33771

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 LLC, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State
03/24/04--01016--024 ***600.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WOLF, BRYON
STREET ADDRESS 6116 KIPPS COLONY DR W
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☐ Addition
NAME 03/24/04--01016--024 ***600.00
STREET ADDRESS 00030966740
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME REILLY, DAVID
STREET ADDRESS 1102 2ND AVE. SOUTH
CITY-ST-ZIP TIERRA VERDE, FL 33715

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

TITLE MGRM ☐ Delete
NAME ELIASSEN, ROY
STREET ADDRESS 3006 LONGBROOKE WAY
CITY-ST-ZIP CLEARWATER, FL 33760

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
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TITLE ☐ Delete
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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

3/3/04 27-471-0288

Date

Daytime Phone #