

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000008050

1. Entity Name
FITNESS QUEST-PUNTA GORDA, LLC



Principal Place of Business
530 E. OLYMPIA AVENUE
112
PUNTA GORDA, FL 33950

Mailing Address
530 E OLYMPIA AVENUE
112
PUNTA GORDA, FL 33950



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1656671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENDALL-YOUNG, MACKENZIE M
9230 FALCON CT
VENICE, FL 34293

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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

Mackenzie Kendall-Young
Mackenzie Kendall-Young

1-6-05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
BARTRUFF, JANE
7314 WESTMORELAND DR
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
NIPPERT, JASON R
1705 OSPREY AVE.
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
SILVERSTEIN, HERBERT
1705 OSPREY AVE.
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000225792
02/11/05-80056-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone If