


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90276 031 ****55.00

DOCUMENT # L03000014152 1. Entity Name USA * UK FITNESS, LLC					
Principal Place of Business 1919 HIGHWAY A1A, UNIT 402 SATELLITE BEACH FL 32937			Mailing Address 1919 HIGHWAY A1A, UNIT 402 SATELLITE BEACH FL 32937		
2. Principal Place of Business 1370 HWY A1A		3. Mailing Address			
Suite, Apt. #, etc. SUITE E		Suite, Apt. #, etc.			
City & State SATELLITE BEACH FL		City & State			
Zip 32937	Country BEVARD	Zip	Country		
6. Name and Address of Current Registered Agent BURGESS, PETER N 1919 HIGHWAY A1A, UNIT 402 SATELLITE BEACH FL 32937			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEAD, BRIAN 1919 HIGHWAY A1A, UNIT 402 SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEAD, HAZEL 1919 HIGHWAY A1A, UNIT 402 SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURGESS, SALLY 1919 HIGHWAY A1A, UNIT 402 SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Peter M. Burgess</u> PETER M BURGESS <u>4/5/2004</u> <u>321-779-9295</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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MOORE CR2E083 (11/03)

4. FEI Number **86-1059291** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required