

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036545

FILED  
Sep 08, 2009  
Secretary of State

Entity Name: SUPERFIT KIDZ, LLC

**Current Principal Place of Business:**

4900 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

2729 MAITLAND CROSSING WAY #1101  
ORLANDO, FL 32810

**Current Mailing Address:**

4900 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

PO BOX 1252  
TARPIN SPRINGS, FL 34688

FEI Number: 20-0253386      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:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD. #221E  
PALM BEACH GARDENS, FL 33410 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: MGR ( ) Delete  
Name: CONNIE JO AZIROVIC  
Address: 4900 US HIGHWAY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CONNIE JO AZIROVIC  
Address: 2729 MAITLAND CROSSING WAY #1101  
City-St-Zip: ORLANDO, FL 32810

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: C. JO AZIROVIC BY D.URREGO AS ATTY-IN-FACT      MGR      09/08/2009

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