

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000014047

FILED
Mar 09, 2006
Secretary of State

Entity Name: PALM COAST HEALTH & FITNESS, LLC

Current Principal Place of Business:

89 CATALINA CIR.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

5 UTILITY DR.
SUITE #1
PALM COAST, FL 32137

Current Mailing Address:

89 CATALINA CIR.
ST. AUGUSTINE, FL 32086

New Mailing Address:

5 UTILITY DR.
SUITE #1
PALM COAST, FL 32137

FEI Number: 20-0778191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAVAN, TRAD E
89 CATALINA CIR.
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: TRAD RAVAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OWNE () Change (X) Addition
Name: RAVAN, TRAD E OWNER
Address: 89 CATALINA CIR.
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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: TRAD RAVAN

OWNE

03/09/2006

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