

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000023648

1. Entity Name
STAFIT, LLC



Principal Place of Business
**2650 TAMiami TRAIL EAST
NAPLES, FL 34112-5707**

Mailing Address
**944 MIDDLE ST
C/O PLANET FITNESS
WEYMOUTH, MA 02188**

DO NOT WRITE IN THIS SPACE



02042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0927378

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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 _____

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ADAMS, THOMAS J
3 HUTCHINSON WAY
QUINCY, MA 02171**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ROSSBOROUGH, DAVID A
7 CRABTREE LANE
ABINGTON, MA 02351**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY - ST - ZIP

U00000830396
02/26/08-80080-018 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

David A. Rossborough
DAVID A. ROSSBOROUGH

2-6-08
Date

617-5935200
Daytime Phone #

MANAGING MEMBER