

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000026667

1. Entity Name
ABUNDANT FITNESS, L.L.C.



Principal Place of Business

**1126 FIRST STREET SOUTH
WINTER HAVEN, FL 33880**

Mailing Address

**1126 FIRST STREET SOUTH
WINTER HAVEN, FL 33880**



04192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

47-0939821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, CHARLOTTE L
1126 FIRST STREET SOUTH
WINTER HAVEN, FL 33880**

**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
SMITH, CHARLOTTE L
1610 REYNOLDS ROAD, LOT 351
LAKELAND, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SMITH, GEORGE W
1610 REYNOLDS ROAD, LOT 351
LAKELAND, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000009321847
05/15/08-80014-019 138.75

**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 608, Florida Statutes.

SIGNATURE:

Charlotte L. Smith **Charlotte L. Smith**

042308

863-299-3777

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

Date

Daytime Phone #