

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056961

Entity Name: PRO-FIT GROUP, LLC

FILED  
Feb 25, 2008  
Secretary of State

**Current Principal Place of Business:**

3445 N. HIATUS RD.  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3445 N. HIATUS RD.  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 51-0517561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, TAMI  
3445 N. HIATUS RD.  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

GRIECO, FRANK  
3445 N. HIATUS RD.  
SUNRISE, FL 33351 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: FRANK GRIECO

02/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, TAMI  
Address: 3445 N. HIATUS RD.  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GRIECO, FRANK  
Address: 3445 N. HIATUS RD.  
City-St-Zip: SUNRISE, FL 33351

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: FRANK GRIECO

MGMR

02/25/2008

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