

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064670

FILED  
Jul 03, 2006  
Secretary of State

**Entity Name:** NATIONAL FITNESS REPAIR, LLC

**Current Principal Place of Business:**

2748 CAPITAL CIRCLE NE #105  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

7428 HICKOCK CT  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

7428 HICKOCK CT  
TALLAHASSEE, FL 32311

**New Mailing Address:**

400 CAPITAL CIRCLE SE,  
SUITE 18-212  
TALLAHASSEE, FL 32309

FEI Number: 27-0102432      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:**

BUNDAGE, KENNETH E  
2748 CAPITAL CIRCLE NE #105  
TALLAHASSEE, FL 32308      US

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

BUNDAGE, KENNETH E  
7428 HICKOCK CT  
TALLAHASSEE, FL 32311      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: KENNETH BUNDAGE

07/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BUNDAGE, KENNETH  
Address: 7428 HICKOCK CT  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KENNETH BUNDAGE

MGRM

07/03/2006

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