

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90046 016 ****50.00

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1. Entity Name

FURO FITNESS, L.L.C.

Principal Place of Business

3865 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779
US

Mailing Address

3865 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number 20-2059314

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FURO, DIANE T OWNER
113 WHEATLAND COURT
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Diane Furo

Street Address (P.O. Box Number is Not Acceptable)

416 Summit Ridge Pl. #116

City Longwood

FL

Zip Code 32779

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE OWNE ☐ Delete
NAME FURO, DIANE T
STREET ADDRESS 3865 WEKIVA SPRINGS ROAD
CITY - ST - ZIP LONGWOOD FL 32779

TITLE MGRM ☐ Delete
NAME FURO, STEPHEN M
STREET ADDRESS 3865 WEKIVA SPRINGS ROAD
CITY - ST - ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

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

Date

Daytime Phone #

8/31/06