

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90081 027 ***140.00

DOCUMENT # L05000073467

1. Entity Name
BURNERCE FITNESS L.L.C



Principal Place of Business
**4244 W. TENNESSEE ST.
#337
TALLAHASSEE, FL 32304**

Mailing Address
**4244 W. TENNESSEE ST.
#337
TALLAHASSEE, FL 32304**

DO NOT WRITE IN THIS SPACE



03012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3257724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNES & JAMES, P.A.
2629 BLAIR STONE ROAD
TALLAHASSEE, FL 32301**

**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	MGR BURNEY, DAVID 4244 W TENNESSEE ST, # 337 TALLAHASSEE, FL 32304
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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:

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

4-23-08

Date

850-321-1609

Daytime Phone #