

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000094216

Entity Name: FIT SERVICES GROUP, LLC

FILED  
Oct 10, 2007  
Secretary of State

**Current Principal Place of Business:**

1344 MAXIMILLIAN AVENUE  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

1344 MAXIMILLIAN AVENUE  
SPRING HILL, FL 34609

**New Mailing Address:**

FEI Number: 20-3559689      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:**

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

PENNETT, MARY C  
1344 MAXIMILLIAN AVENUE  
SPRING HILL, FL 34609      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: MARY PENNETT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PENNETT, MARY  
Address: 1344 MAXIMILIAN AVENUE  
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM ( ) Delete  
Name: PENNETT, JEFFREY  
Address: 1344 MAXIMILIAN AVENUE  
City-St-Zip: SPRING HILL, FL 34609

**ADDITIONS/CHANGES:**

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

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

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: MARY C PENNETT

OWNE

10/10/2007

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