

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000073528	
1. Entity Name GET A GRIP GYMNASTICS CENTER, LLC	

Principal Place of Business 518 MAPLE AVE. SEBRING FL 33870 US	Mailing Address 518 MAPLE AVE. SEBRING FL 33870 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E083 (10/07)
4. FEI Number 20-5288273	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RIMER, JAMES M MGR 3790 ENCHANTED OAKS LANE SEBRING FL 33875	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIMER, JAMES M MGR 3790 ENCHANTED OAKS LN. SEBRING FL 33875 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000924712 05/19/08-80012-013 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIMER, KATHLEEN A MGR 3790 ENCHANTED OAKS LN. SEBRING FL 33875 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

SIGNATURE: *K. A. Rimer* *KATHLEEN A. Rimer* *3-18-2008* *863/386-4747*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Signature Print to #