

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097241

FILED
Apr 27, 2009
Secretary of State

Entity Name: ELITE PERSONAL FITNESS & TRAINING, LLC

Current Principal Place of Business:

4648 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33813

New Principal Place of Business:

633 SCHOOLHOUSE RD
LAKELAND, FL 33813

Current Mailing Address:

4648 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33813

New Mailing Address:

633 SCHOOLHOUSE RD
LAKELAND, FL 33813

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DODDS, TONY C
1628 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUNDEY, KEITH
Address: 4648 CLEVELAND HEIGHTS BLVD.
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: SUNDEY, BOBBIE J
Address: 4648 CLEVELAND HEIGHTS BLVD.
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUNDEY, KEITH
Address: 633 SCHOOLHOUSE RD
City-St-Zip: LAKELAND, FL 33813

Title: MGRM (X) Change () Addition
Name: SUNDEY, BOBBIE J
Address: 633 SCHOOLHOUSE RD
City-St-Zip: LAKELAND, FL 33813

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: KEITH SUNDEY

MGRM

04/27/2009

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