

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000102195

1. Entity Name
FITNESS INITIATIVES, LLC



Principal Place of Business
400 E COLONIAL DRIVE, 604
ORLANDO, FL 32803 US

Mailing Address
400 E COLONIAL DRIVE, 604
ORLANDO, FL 32803 US

SEP 14 2007 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

07172007 Chg-LLC CR2E083 (12/06)

4. FEL Number

86-1175652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, SCOTT
5290 N LAKE BURKETT LN
WINTER PARK, FL 32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
IMBESI, DENISE
400 E. COLONIAL DRIVE, #604
ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
700109888177
09/25/07--01024--024 **50.00

TITLE
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CITY - ST - ZIP
MGRM
MARTIN, SCOTT
5290 N LAKE BURKETT LN
WINTER PARK, FL 32792 ☐ Delete

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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 #