

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000104473**

1. Entity Name  
**DARYL SUES KEEP FLIPPIN GYMNASTICS & FITNESS  
FRANCHISE, LLC**



Principal Place of Business  
**6761 INDIAN TOWN ROAD  
#28  
JUPITER, FL 33458 US**

Mailing Address  
**6761 INDIAN TOWN ROAD  
#28  
JUPITER, FL 33458 US**

**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-5802370**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TESORIERE, DARYL SUE  
13110 169 CTN  
JUPITER, FL 33478**

**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**

000000895219  
04/24/08-80064-015 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TESORIERE, DARYL SUE
STREET ADDRESS	13110 169 CTN
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

**4/1/08**

Date

**561-745-2511**

Daytime Phone #