

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111685

FILED
Apr 06, 2009
Secretary of State

Entity Name: TNT FAMILY FITNESS CENTER, LLC

Current Principal Place of Business:

3225 C PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

460 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

3225 C PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

460 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

FEI Number: 20-5902488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREMBLAY, MARK
327 N.W. SHEFFIELD CIRCLE
PORT ST. LUCIE, FL 34983 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: TREMBLAY, MARK
Address: 327 N.W. SHEFFIELD CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM () Delete
Name: SQUADRITO, MARK
Address: 2501 S.W. CAIN STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

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: MARK TREMBLAY

MGRM

04/06/2009

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