

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000006823

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** HEALTH-FITNESS MANAGEMENT, LLC

**Current Principal Place of Business:**

4712 PRESTON WOODS DRIVE  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

4712 PRESTON WOODS DRIVE  
VALRICO, FL 33596 US

**New Mailing Address:**

**FEI Number:** 20-8257064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAYMOND, EILEEN  
4712 PRESTON WOODS DRIVE  
VALRICO, FL 33596 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  
**Name:** RAYMOND, EILEEN  
**Address:** 4712 PRESTON WOODS DRIVE  
**City-St-Zip:** VALRICO, FL 33594 US

**Title:** MGRM  
**Name:** RAYMOND, JOE  
**Address:** 4712 PRESTON WOODS DRIVE  
**City-St-Zip:** VALRICO, FL 33596 US

**Title:** MGRM  
**Name:** RAYMOND, KYLE  
**Address:** 4712 PRESTON WOODS DRIVE  
**City-St-Zip:** VALRICO, FL 33596 US

I hereby 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:** EILEEN RAYMOND

MGRM

04/03/2012

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