

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000015814

Entity Name: MAX FITNESS LLC

**FILED**  
**Mar 10, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6413 ASTOR VILLAGE AVENUE, APT. 306  
ORLANDO, FL 32835

**New Principal Place of Business:**

6401 TIME SQUARE AVE.  
SUITE F  
ORLANDO, FL 32835

**Current Mailing Address:**

6413 ASTOR VILLAGE AVENUE, APT. 306  
ORLANDO, FL 32835

**New Mailing Address:**

333 SONOMA VALLEY CIRCLE  
ORLANDO, FL 32835

FEI Number: 22-3953794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: TIMOTHY HEALY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOYT, MAX  
Address: 6413 ASTOR VILLAGE AVENUE, APT. 306  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOYT, MAXWELL  
Address: 333 SONOMA VALLEY CIRCLE  
City-St-Zip: ORLANDO, FL 32835

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: MAX HOYT

MGR

03/10/2009

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