

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000018803

1. Entity Name
FREESTYLE FITNESS TRAINING, LLC



Principal Place of Business
1911 LONGVIEW DRIVE
TALLAHASSEE, FL 32303

Mailing Address
1911 LONGVIEW DRIVE
TALLAHASSEE, FL 32303

Myk

2. Principal Place of Business - No P.O. Box #
3242 Big Oak St

3. Mailing Address
3242 Big Oak St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242008 Chg-LLC CR2E083 (12/06)



FILED

08 MAR 25 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FL 32303

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
20-8475841

Applied For
Not Applicable

Zip Country
32311 USA

Zip Country
32311 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, F. PALMER ESQ.
C/O WILLIAMS, GAUTIER, ET AL.
2010 DELTA BLVD.
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

Myk

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MGMR
TRACIE JOHNSON
3242 Big Oak St
Tallahassee, FL 32311

100121219181
03/25/08--01037--025 **138.75

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

3/23/08

Date Daytime Phone #