

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000028746

**Entity Name:** FITNESS DEPOT, LLC

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6561 102ND AVE N  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

6561 102ND AVE N  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:** 06-1808019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALABRESE, LISA  
237 BROOKSIDE COURT  
PALM HARBOR, FL 34683 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:** MS  
**Name:** CALABRESE, LISA M  
**Address:** 237 BROOKSIDE COURT  
**City-St-Zip:** PALM HARBOR, FL 34683 US

**Title:** MR  
**Name:** AKERLUND, JACK  
**Address:** 237 BROOKSIDE COURT  
**City-St-Zip:** PALM HARBOR, FL 34683

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:** JACK AKERLUND

MGR

04/28/2012

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