

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90275 010 ***138.75

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| DOCUMENT # L07000029418 1. Entity Name PRECISION PERSONAL TRAINING LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 9694 WATERSHED DRIVE SOUTH JACKSONVILLE, FL 32220 US | | Mailing Address 9694 WATERSHED DRIVE SOUTH JACKSONVILLE, FL 32220 US | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 7500 Beach Blvd. Suite, Apt. #, etc. | | 3. Mailing Address 7595 Baymeadows Cir. W. Suite, Apt. #, etc. 905 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Jacksonville FL Zip 32216 Country U.S. | | City & State Jacksonville, FL Zip 32256 Country U.S. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 56-2654527 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent VALENCIA, BRUCE 9694 WATERSHED DRIVE SOUTH JACKSONVILLE, FL 32220 | | 7. Name and Address of New Registered Agent Name Bruce Valencia Street Address (P.O. Box Number is Not Acceptable) 7595 Baymeadows Cir. West APT # 905 City Jacksonville FL Zip Code 32256 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <i>Bruce Valencia</i> DATE 3-20-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VALENCIA, BRUCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9694 WATERSHED DRIVE SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32220</td> <td></td> </tr> </table> | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | VALENCIA, BRUCE | | STREET ADDRESS | 9694 WATERSHED DRIVE SOUTH | | CITY-ST-ZIP | JACKSONVILLE, FL 32220 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>7595 Baymeadows Circle West APT # 905</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Jacksonville, FL. 32256</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 7595 Baymeadows Circle West APT # 905 | | STREET ADDRESS | Jacksonville, FL. 32256 | | CITY-ST-ZIP | | |
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| 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: <i>Bruce Valencia</i> BRUCE Valencia MGRM 3-20-08 904-349-4892 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |