

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031273

Entity Name: THUMP FUNK FITNESS, LLC

FILED  
Mar 07, 2008  
Secretary of State

**Current Principal Place of Business:**

14404 PELICAN BAY CT.  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

14404 PELICAN BAY CT.  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

FEI Number: 35-2293926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHILDERS, CASEY A  
12171 BEACH BOULEVARD  
UNIT 1205  
JACKSONVILLE, FL 32246 US

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

CHILDERS, CASEY A  
14404 PELICAN BAY CT.  
JACKSONVILLE, FL 32224 US

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:

03/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHILDERS, CASEY A  
Address: 12171 BEACH BOULEVARD UNIT 1205  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: DIFILIPPO, KIMBERLY A  
Address: 12768 TURTLE LAKE LANE  
City-St-Zip: JACKSONVILLE, FL 32246 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHILDERS, CASEY A  
Address: 14404 PELICAN BAY CT.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CASEY CHILDERS

MGRM

03/07/2008

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