

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

02-12-2008 90066 050 ***138.75

DOCUMENT # L07000051516

1. Entity Name
M M FITNESS, PLLC



Principal Place of Business
**1325 STONE ROAD, UNIT 303
TALLAHASSEE, FL 32303**

Mailing Address
**1325 STONE ROAD, UNIT 303
TALLAHASSEE, FL 32303**

30010201



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-2234251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMBERT, MICHELLE M
1325 STONE ROAD, UNIT 303
TALLAHASSEE, FL 32303**

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAMBERT, MICHELL M
1325 STONE ROAD, UNIT 303
TALLAHASSEE, FL 32303** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Michelle Lambert

7/8/08

850-545-9284



Corporate America's
Fitness Company

ATTACHMENT

30010287

607000051576

July 8, 2008

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, Florida

To Whom It May Concern:

I am returning the completed 2008 Limited Liability Company Annual Report with this letter. I filed the appropriate form and submitted a payment of \$138.75 back on February 5, 2008 but that form did not have a FEI number with it because I did not have one at the time. It should have been returned to me according to the woman I spoke with on the phone today however, I did not receive the returned form. I did receive the alarming Notice Of Intent To Dissolve postcard and since I have obtained an FEI number and have included it on the enclosed form, I am hoping you will accept and forgive this matter. I regret any inconvenience I have caused you.

Sincerely,

Michelle M. Lambert, CPT
President, MM FITNESS

Address: 1325 Stone Road, Suite 303 • Tallahassee, Florida 32303

Phone: (850) 285-2668 Email: info@mmfitness.com Web: www.mmfitness.com